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- E	33 8		3H270.	U-1/ .	WIDOWED		(00
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AN E		1	MARYLAND BAI	LTO. BALTIM		YES NOY X	32 FARM
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AN D	completely 1 and 2 sh old examine	Ý	XXXXXXXXXXX	AARON	5000		FECA
NORE, MA	0	16a. V	VAS DECEASED EVER IN U.S. AR			17 INFORMANT	AI
S ×	Pages 1	(1		WAR OR DATES			
¥ 9			YES WWII-	-AIR FORCE		<u>MRS. ELLEN AA</u>	RONSON 3
3AL ote	a physicio an papers emoval event, the		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b),	and (ch)		
T of	nding physic carbon pape , ar removal tatic event, th		PART I. DEATH WAS CAUSE	TE CAUSE (O) HETA.	STATIC	CALON	et.
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<u>6</u>	attending nave carbo lation, ar re traumatic e		1001	DUE TO, OR AS A CONSEC	DUENCE OF		
SE &	remave emation er fraum		Conditions, if any, which gave rise to immediate	(b)	ME		
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hot ×			underlying cause lost.	(c)			
8 8	signed b hen pleas o burial, jury, ar a		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING T	O DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR (
RDS, 201 W. PRESTON ST., BAL	Then to bu	Z		11.			
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low o	has been permit been prior by any any	FIC				THE STATE OF THE S	
AL The		E					YES NO
PHYSICIAN The	is certificate has burial-transit per Mental Hygiene ar Hem 18 shaws	Ü	710 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF
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NSI 4	£ . 7	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC)	STREET	CITY O
DIVI	2020		AT WORK AT WORK		/		-/-
N S	(/) (4)		220 I certify that (I) (this haspi	tol) ottended the deceased from	0 - 1		to
TITEN	of of		sow the deceased alive on	it) view the body ofter death.	00 ond	that in (my) (our) opinion	death occurred on the
	P P P E		226. SIGNATURE	- 1	Di	EGREE	
			DValle	N. plasse	4 . 4	ATTENDING	MEDICAL
olf Al	FUNERAL UID be detected the Stote ORTANT: I		THE PROPERTY OF THE PARTY OF TH		7	77. ADDRESS	DIRECTOR PH
HOSPITA	7.0 4	1	22d. PHYSICIAN'S NAME (TYPE O			4	
O HOSE	should be de with the Stot		STENEN A	4. GCASSE	-80	600 RE.	STERSTON
2	F € 3 ₹	23o B	SURIAL, CREMATION, REMOVAL	236. DATE 23	NAME OF CE	METERY OR CREMATORY	23d. LOCATION
1/1/R	D	(:	BURIAL	MAY4,1980			CITY OR TOWN
COLB		24 51					RANDAI E REC'D. BY REGIST
	DHMH-16 20M	24 70		10 REISTERSTOWN		21215 250. DAT	A RAA O 40
(V	RA 15, 4) 7/78		SOL CEVI	NSO NE BROS.	. INC.	1 N	1AY 9 19

FOR

1. DECEASED NAME

REGISTRAR

FIRST

- STATE

REG. NO 7e. DATE OF DEATH MONTH DAY Zh. HOUR 80 4:20 A IF UNDER LYEAR IF UNDER 24 HRS T BIRTHOAY) MONTHS DAYS HOURS

DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH LAST 57 YRS. I DNTY BALTIMORE MD. PATION 126. KIND OF BUSINESS OR INDUSTRY OST OF WORKING LIFE) MOBILE HOMES LOYED ESS MHOUSE CT. #21208 HORWITZ LAST ANGENTE THE TOTAL STATES 32 FARMHOUSE CT. #21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ONDITION GIVEN IN PART 1(0) 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO [INJURY IN ITEM 18, PART 1 OR PART 2)

STATE OF MARYLAND

RTOWN COUNTY

19 80, that (1) (we) lost he date and hour and from the causes stated

22c DATE SIGNED STAFF YSICIAN

RO

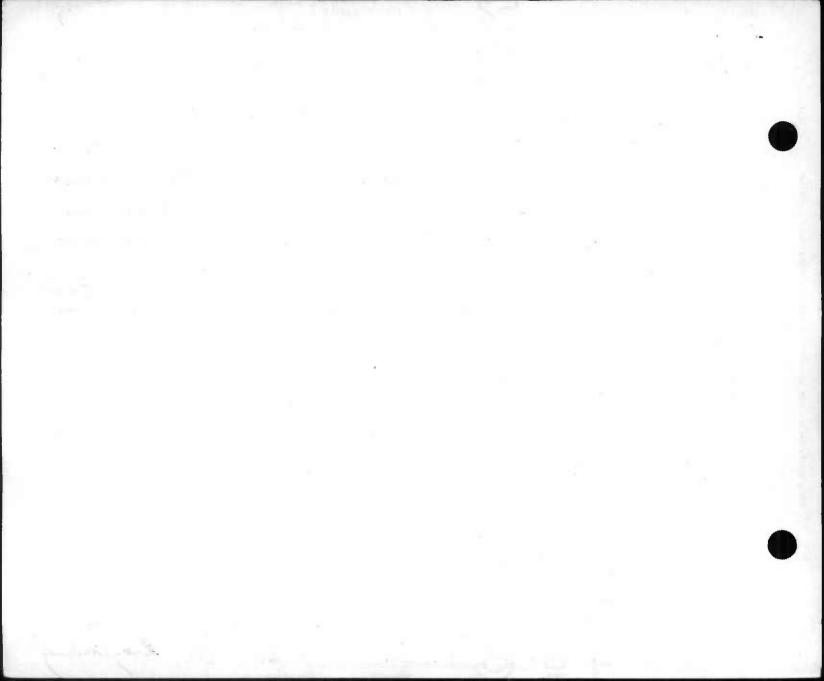
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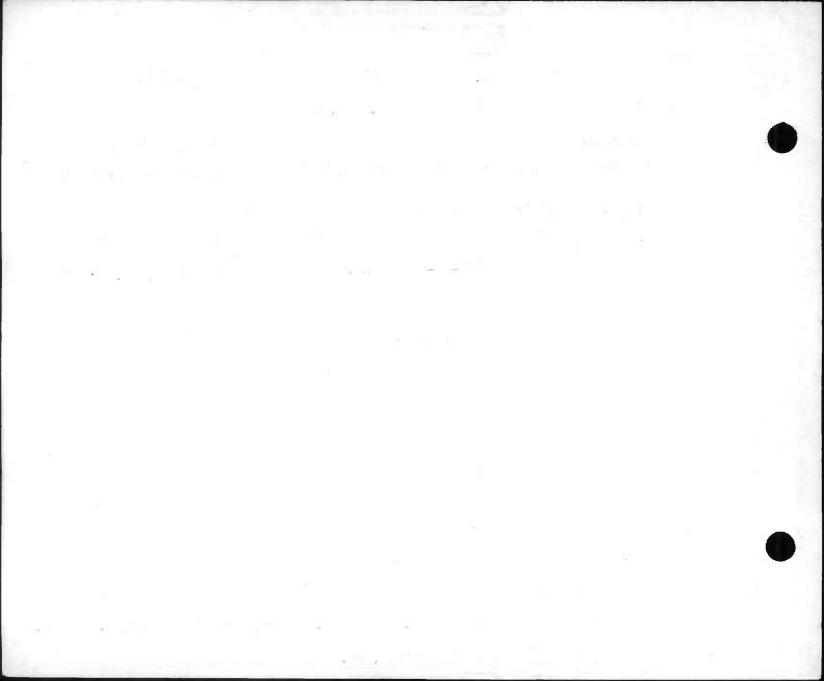
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Owings Mills, Md.

(VRA 15, 4) 7/78

STATE OF MARYLAND



X	1	FOR - STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	FIENB ()	115	2
e n.e		CEASED NAME E OR PRINT)	FIRST	1331	MIDDLE	L	AST	20 DATE OF DEATH		EAR 26. HOUR
A by			Ada	ALBRE	CHT			May 3 10		10:38PM
(See	3 56	X		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT		
age James	F	emale		Whit	ce .	5-	31-1898	81	YRS.	DAYS HOURS MIN.
earth. P	pt . 5	IRTHPLACE (STATE OR FO	REIGN	U.S.	WHAT COUNTRY?	MARRIE	D NEVERMARRIED	BALTIMORE CITY O		
er d	word .	ITY OR TOWN OF DEA	TH			WIDOWE	DIVORCED DIVORCED	Baltimore		IND OF BUSINESS OR
ion iurs aft by the ed with	e-9	ltimore		(IF NOT IN SUC	in Squa	ADDRESS)		(TYPE OF WORK FOR MOST OF HOUSewife	F WORKING LIFE) INDU	
AND 21201 and 24 hours filled in by uld be filed	13a	AL RESIDENCE (# NURS STATE ryland	136 COUN	ITY	Baltime	N	134 INSIDE CITY LIMITS? YES NO.	134. STREET ADDRESS 3809 May	berry Av	enue
MARYLAND MARYLAND Uted within 2 The tely filler and 2 should b	3	ATHER'S NAME FIRST 111iam Mc	Donr	MIDDLE 1a1	LAST		15 MOTHER'S MAIDEN NA. FIRST Emma	ME	Pin	del1
BALTIMORE, I ficate be execu- yss, in and con- pers, Pages 1 ar yyll.	16a	WAS DECEASED EVER	IN U.S. AR		16 SOCIAL SECT		17 INFORMANT Francis C.	ADDRE	SS	Rd
01 W. PRESTON ST., I ires that the death certifies that the death certifies of the attending by the second of the		Canditions, if any, gave rise to imm cause (a), statinunderlying cause	which nediate g the last	DUE TO, O (b) DUE TO, O (c)	r as a conseou	ENCE OF	astrointestin			
RDS, 2	NO	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PA	RT I(a)
LI RECORDS,	CERTIFICATION	190 DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY? YES □ NO 🔀	200. IF YES, WERE FIN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
DIVISION OF VITAL RELIBIONG PHYSICIAN TO ITENDING PHYSICIAN TO After this certifique has so the burial-transis permits and Mental Hygiene marked or Item 18 sho		218. ACCIDENT WAS UND OR CONTRIBUTING C {# EITHER, NOT#Y MEDICA	AUSE OF DEA		M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURI			urt 2)
NG andir the by and	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	IILE		REET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TOW	VN COUNT	TY STATE
ATTEN aital or a ECTOR for use a of Heal		220.1 certify that pl saw the decease above, (V (we) (d	(this haspi ed olive an lid) (and a	May 3	e deceased from 19		nd that in ((our) opinion	, to May 3 death accurred on the do		m the couses stated
TAL the etac ate of ate of ate		Steph	9	Bou	Eliviel.			MEDICAL STAF	FF P M	lay 3, 1980
TO HOSPITAL retained by the TO FUNERAL with the State (I MPORTANT:		Dr. Ster	hen I	Bookbind	ler		9000 Frank	lin Square I	or., 2123	37
P = P o S =		BURIAL, CREMATION,	REMOVAL	236. DATE	23€	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE

5-6-80

DHMH-16 25M (VRA 15, 4) 1/79 Burial

24. FUNERAL DIRECTOR

Lassahn Funeral Home 7401 Belair Road

Parkwood Cemetery

Balto. Balto. . 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE MAY 8 1980 Finding Resident 1980

Md.

301 Gum Spring APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Rd.

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1		- STATE REGISTRAR	DEPART		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	1 5 2 2
1		CEASED NAME FIRST E OR PRINT)	MIDDLE	LAS	T	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
)	_	Dor			ISON	5/8/80 may	1/0-1/
/	3. SE	Female	4. RACE White	5. DATE OF May	23, 1910	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
31		IRTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUR Baltimore	
200		Lochearn	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 3719 Oak Ave	enue		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Clerical	12b. KIND OF BUSINES INDUSTRY U.S. GOV
3			OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR JUST 13c. CITY OR TOW		3d. INSIDE CITY LIMITS?	3719 Oak Aven	ue
2)3(14. F/	ATHER'S NAME William	C. Strohmeye:	r	MOTHER'S MAIDEN NA	eth M.	Strieter Streter
/ medicol		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU 213-10-0		7 INFORMANT Hush William F. A	oand: ADDRESS	ak Ave. Balto
0		Canditions, if any, which	(b) Pressas, 4	10 care			
injury, or other	NO		DUE TO, OR AS A CONSEOU (c) MULTIPLE CONDITIONS CONTRIBUTING TO LEASE C. U. D.	sclero	insufficiency	Conspared Sinal disease or condition	GIVEN IN PART 1(0)
ows any injury, ar	RIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO LEASE C. V. D.	DEATH BUT NO	insufficiency Lis - Rt - HE OT RELATED TO THE TERM	200 AUTOPSÝ? 200 T	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH
shows ony injury, or	CAL CERTIFICATION	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT Hyperi	CONDITIONS CONTRIBUTING TO LEAST C. V. D. 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D.	<u>DEATH</u> BUT NO HOPERATION	insufficiency List - Pt - He OT RELATED TO THE TERM WAS PERFORMED	200 AUTOPSY? 200 F	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES \(\text{ NO } \)
ony injury, or	MEDICAL CERTIFICATION	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT Hyper 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DI	CONDITIONS CONTRIBUTING TO LEASE C. V. D. 19b. CONDITION FOR WHICH 12 1b. TIME OF INJURY HOUR A.M. MONTH D.	DEATH BUT NO HOPERATION AY YEAR	insufficiency List - Pt - He OT RELATED TO THE TERM WAS PERFORMED	200 AUTOPSY? 20 F	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH YES NO 18, PART 1 OR PART 2)
Hem 18 shows ony injury, or		cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK 27a, t certify that (I) (this hasp saw the decased alive a	CONDITIONS CONTRIBUTING TO LEASON C. J. D. 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. R) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, Indicated) attended the deceased from Section 1.	DEATH BUT NO HOPERATION AY YEAR 19 FARM, ETC.) 2 2 2 2 3 3 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CHELOCATION STREET CHARACTER C	200 AUTOPSY? 20 F YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH YES NO COUNTY STA
If Nem 21 is marked or Nem 18 shows any injury, ar		Cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT Hyper 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d, INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a, E certify that (I) (this hasp saw the deceased alive a obave, (I) (we) 100 (did in 22b). SIGNATURE DEMANDLE AT 22d, PHYSICIAN'S NAME (MPE) 22d, PHYSICIAN'S NAME (MPE)	CONDITIONS CONTRIBUTING TO LEASURE C-U.D. 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, I) 19 (1) 19 (1) 19 (1) 19 (1) 19 (1) 10 (1) 10 (1) 11 (1) 12 (1) 13 (1) 14 (1) 15 (1) 16 (1) 17 (1) 18 (1) 19 (1) 19 (1) 10 (1) 10 (1) 11 (1) 12 (1) 13 (1) 14 (1) 15 (1) 16 (1) 17 (1) 18 (1) 19 (1) 19 (1)	DEATH BUT NO HOPERATION AY YEAR 19 FARM, ETC.) DEATH BUT NO DEATH B	CONTRELATED TO THE TERM WAS PERFORMED CIT. HOW INJURY OCCURI CIT. LOCATION STREET STREET ATTENDING PHYSICIAN CIT. ADDRESS	20a AUTOPSY? YES NO TO TO THE MEDICAL STAFF DIRECTOR PHYSICIAN MINING TO THE MEDICAL PHYSICIAN MINING TO THE MEDICAL PHYSICIAN MINING TO THE MEDICAL PHYSICIAN MINING TO THE PHYSICIA	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO COUNTY STA
Hem 18 shows ony injury, or	MEDICAL	Cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT Hyper 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d, INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a, E certify that (I) (this hasp saw the deceased alive a obave, (I) (we) 100 (did in 22b). SIGNATURE DEMANDLE AT 22d, PHYSICIAN'S NAME (MPE) 22d, PHYSICIAN'S NAME (MPE)	CONDITIONS CONTRIBUTING TO FEMALE C. U. D. 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21c. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, Individual) attended the deceased from S. T. COLFE M. M. J. OR PRINT) COLFE M. M. J.	DEATH BUT NO HOPERATION AY YEAR 19 FARM, ETC.) DEATH BUT NO DEATH B	CONTRELATED TO THE TERM WAS PERFORMED CIT. HOW INJURY OCCURI CIT. LOCATION STREET STREET ATTENDING PHYSICIAN CIT. ADDRESS	200 AUTOPSY? YES NO NOTE: RED (ENTER NATURE OF INJURY IN ITEM: CITY OR TOWN death accurred on the date and the date an	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO 18, PART 1 OR PART 2) COUNTY STATE COUNTY STATE 19 , that (1) (we have a one of from the causes state 22c. DATE SIGNED 5 19 8 C

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\$100 TELEVISION			in and it.
product and the specific of a	mit. Its Di. o-	-133	

TELL LANGUES OF HOTELAND IN THE STREET

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dearerained by the hospital or attending physician.

	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 1 1 5 2 3
(3)	1 DECEASED NAME FIRST (TYPE OR PRINT) MARY	MARGARET ANZM	ANN	MAY 7,1980 5.30 NO.
nce.	3 SEX Female	4 RACE White	5. DATE OF BIRTH MONTH MAY 15,1896	AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 74 HRS. MONTHS DAYS HOURS MIN YRS.
neral di 72 hou fied at o	Je. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7% CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	A RAITIMORE CITY OR COUNTY OF DEATH
by the funeral of d within 72 ho	10 CITY OR TOWN OF DEATH Towson	LIE NOT IN SUCH FACILITY GIVE STREET	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKET 120. KIND OF BUSINESS OR INDUSTRY
filled in by Id be filed in by Id be filed	USUAL RESIDENCE (# NURSING HOME OF 136 STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	EADMISSION) (N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 3722 Delverne Ave.
ompletely fille and 2 should I sedical examine	14 FATHER'S NAME FIRST Thomas J. Noon	MIDDLE LAST	15 MOTHER'S MAIDEN N	
an and comple	16e WAS DECEASED EVER IN U.S. AL		RITY NO 17 INFORMANT	ADDRESS
shas been signed by the attending plennit. Then please remove carbon plen prior to burial, cremation, or renshows any injury, or other traumation.	Conditions, if any, which gave rise to immediate cause ia, stating the underlying cause last.	DUE TO, OR AS A OBSEQUE DUE TO, OR AS A OBSEQUE OUE TO, OR AS A OBSEQUE CONDITION OF CONTRIBUTING TO THE	buce during Isai	MINACOISEASE OR CONDITION GIVEN IN PART 110: 20 AUTOPSY? 100 AUTOPSY? VES IN NORTH YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES IN NORTH
the hospital or attending physician. AL DIRECTOR: After this certificate leached for use as the burial-transit practice. The population of Health and Mental Hygies in the Street or its marked or tem 18 street.	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE 21d. WORK 270. I certify that (I) (this hosp sow the deceased alive or above. (I) (Contribution of the contribution of t	ATH HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F oital) owended the deceased from oit view the body latter death.	TARM. ETC. 19 211 - LOCATION STREET 19 19 19 19 19 19 19 19 19 19 19 19 19	CITY OR TOWN COUNTY STATE 10 19 1, that (I) (we) last death occurred the date and hour and fram the couses stated 22c. DATE SIGNED
TO FUNER, should be de with the Sta	Earl L. Cha	mbers		spring Lane Baltimore, Md.
BP	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR	May 9,1980	New Cathedral	Baltimore City Maryland
DHMH-16 25M (VRA 15, 4) 1/79	Mitchekl-Wiedefe	ld Home, Inc.	6500 York Rd. 15 Mg	TEREC D. BY REGISTRAR 256 REGISTRAR'S GOLD URE

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STATE OF MARYLAND

	HIA	MONTH	DAY	YEAR	-	HOLIP	
	REG. N	10.				Danp	
8	U		1	1	3	2	4

1	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	115	5 2 4
	ECEASED NAME FIRST	n Powe		rmannet	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
3. SE		1 RACE		OF BIRTH	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female.	White	MONT	H DAY YEAR	73	MONTHS DAYS	HOURS MIN
	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY?	M C	BALTIMORE CITY OR COU		
1	Pennsylvania	USA	WIDOW	ED NEVER MARRIED DOORCED	Baltimore		MD.
1	Randallstown	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, Baltimore	GIVE STREET ADDRESS	en. Hospital	(TYPE OF WORK FOR MOST OF WORK) Funeral Dir.	ING LIFE INDUSTRY	ral Servi
USU 13a	STATE J. 136 COUN	VIY 113c CITY	PENCE REFORE ADMISSION) OR TOWN alon	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 247 28th Stre	08202 eet, Aval	
]4. F	ATHER'S NAME FIRST Hannon Mic	hael Pow	LAST 7 e r	IS. MOTHER'S MAIDEN NAME FROST Louise	ME MIDDLE	Bauer	ī
16a	WAS DECEASED EVER IN U. S. AR (YES, NO OR UNKNOWN) (IF YES, GM	E WAR OR DATES)	CIAL SECURITY NO 2-40-575	7 Mr. Ellswo	ADDRESS A	valon, N.	
	IS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D DV	or, (b), and ich	nan arre	1+2018	APPROXIA BETWEEN O	MATE INTERVAL DINSET AND DEATH
	Conditions, if ony, which	DUE TO OR AS A CO		nterios m	J . L. 10	(Byg	ast a your m
	cause (a), stating the underlying cause last	DUE TO, OR AS A CO	ONSEQUENCE OF	ni heart	diseases.	271	~ Durane
NO	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBU	TING TO DEATH BUT	T NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART 10) ·
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED		F YES, WERE FINDIN ERTIFYING CAUSES YES [
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MO			RED {ENTER NATURE OF INJURY IN ITEM	n 18, PART 1 OR PART 2]	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTO		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220 I certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did no	5-24-	- 10 80 0	and that in (my) (aur) opinion	death accurred on the date and		that (I) (we) lost causes stated
	22b. SIGNATURE	shal		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5- 2	SIGNED
1	224 PHYSICIAN'S NAME (TYPE O	RPRINT		22e ADDRESS			
	R-M	SHAM.		B. C. G.	H .		
23a.	BURIAL, CREMATION, REMOVAL	The state of the s		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	Burial //	5/28/80	Woodla	awn Cemetery	Baltimore,	Marylan	ıd

DHMH-16 25M (VRA 15, 4) 1/79

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

TO HOSPITAL SER ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retained by the hospital or attending physician.

Lowell Lemmon, 10 W. Padonia Rd.

1980

250. DATE REC'D. BY REGISTRAR 250 MGISTRAR'S SIGNATURE MAY 2 7 1980

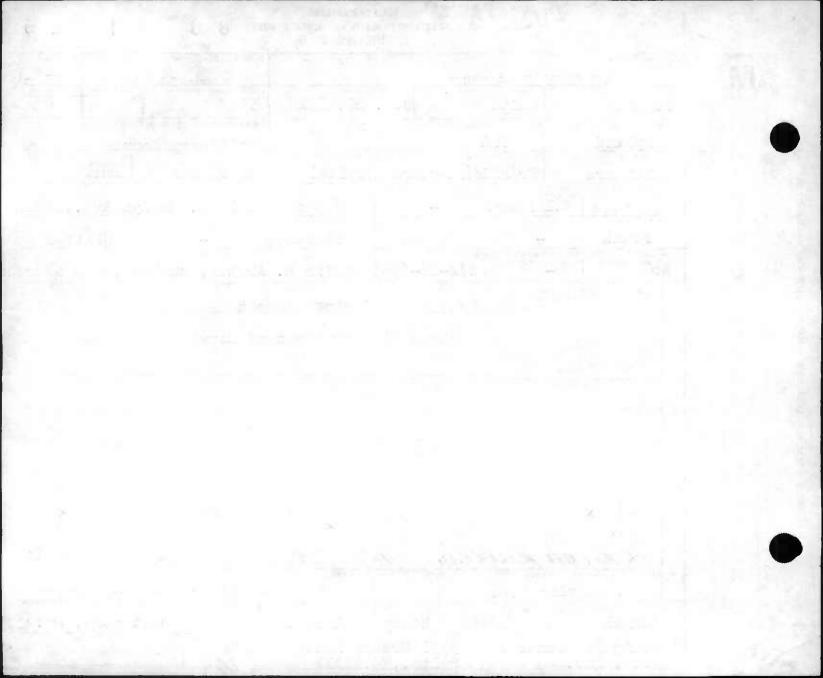
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notified at	M.	RTHPLACE (STATE OR FO DUNTRY) aryland TY OR TOWN OF DEA	ATH 111.	US A	OSPITAL, NURSING	WIDOWE	OR OTHER INSTITUTION	Baltimore CITY Baltimo IZe. USUAL OCCUP (Type of Work FOR MOS	ore Co	unty Tiza RIND C	OF BUSINE
ner must be	USUA 13e S	altimore	ING HOME OF OTH		I FACILITY, GIVE STREET A LIN Squa GIVE RESIDENCE BEFORE 130. CITY OR TOWN		134. INSIDE CITY LIMITS?	Homemak 13. STREET ADDRES 1014 N	er	yn Ave	
medical exami		aryland THER'S NAME Frank	MDE -		Gorma	an	YES NO EN EN NO EN EN NO EN	ME MIDDLE		*	tze
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other traumatic		1809 Conditions, if ony, gave rise to improve (a), station	mediate ng the	DUE TO, OR	AS A CONSEQUE	NCE OF	c Carcinoma		x		
any injury, or other	CATION	gave rise to imm cause (a), statin underlying cause	, which mediate and the last.	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO	AS A CONSEQUE Metast AS A CONSEQUE ONTRIBUTING TO D	NCE OF NCE OF		of Cervi	ONDITION GIVE	S, WERE FINDI	NGS USE
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marked or Item 18 shows any injury, or other	MEDICAL CERTIFICATION	gave rise to impressed to impre	which mediate go the last. NIFICANT CONTION DERLYING CAUSE OF DEATH CALEXAMINER) RED	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO 196. CONDIT 216. TIME OF HOUR A.A. 216. PLACE C	AS A CONSEQUE Metast AS A CONSEQUE INTRIBUTING TO D TION FOR WHICH FINJURY M. MONTH DA	NCE OF DEATH BUT OPERATIO AY YEAR 19 ARM, ETC.)	CARCINOMA NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET	AINAL DISEASE OR CO	206. IF YES IN CERTIFY YES	S, WERE FINDI FYING CAUSES ES PART 1 OR PART 2)	NGS USEE S OF DEAT NO
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8 H	FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	rGIENE	8 0 REG. N	0.	1 1
	1. DECEASED NAME	FIRST	MIDDLE	LAST	2a DAT	E OF DEATH	MONTH	DAY
v be		Arthur	S.	Austin	M	au 13.	1980	
· E	3 SEX	4 RAC	E	5 DATE OF BIRTH	6. AGE	INTERES LAST BIR	THDAY)	IF UNDER
4 (80)				MONTH DAY YEAR				MONTHS

5

		CEASED NAME	FIRST	M	IDDLE	1	LAST	2ª DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(ITPE	OR PRINT)	Anthun		5.	+	Austin	May 13.	1980		6:00h
(B	3 SE			ACE		5 DATE C		6. AGE (INTEARS LAST BIRT	HDAY)	FUNDER I YEAR	IF UNDER 24 HR
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27	7e. BI	RTHPLACE (STATE OR F	OREIGN 7b. (CITIZEN OF V	VHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
20		Maryland		U.S.,	A	WIDOWE		Baltimo		unty	
ou no	10 C	TY OR FOWN OF DE	ATH 11.	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O			F BUSINESS
Ry U		AL RESIDENCE (# NUR	SING HOME OF OTH	1309 L	Birch Ave	nue.		guard		100	urity
1235	130 5	TATE	136 COUNTY		13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	1 1		
Cig C		TULUND.	Baltin	nore	Arbutus		YES NO I	1309 Bir	ch HV	enue	
18 2/		John Wes	/ au Au a-		LAST		FIRST /://	M /// / MIDDLE		LAS	T
nedi	16a V	VAS DECEASED EVER	IN U.S. ARMED	FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT	ADDRE	SS		
the 1	0	res, no or unknown)	(# YES, GIVE WAI	OR DATES)	215-10-6	818/1	Nadine S. A	lusting 12	o Rin	- 4 1	2/22
vent,		II CAUSE OF DEAT		ne couse per	ine for (a).	det T	1 Notice 5. F	unine 130	y Din	APPROXI	MATE INTERVAL
ric e		PART I. DEATH V	VAS CAUSED BY	Υ.	Mul	Men	cardial Verlo	· Street		1/	Ile.
or re umat		411	IMMEDIATE C				0				
tra		Conditions, if any	uhich (DUE TO, OR	AS A CONSEQUE	NCEOF	at we	1.			
emat		gove rise to im	mediote }	(b)	Crior	1	and the same				
oro.		couse 101, stati underlying cous		DUE TO, OR	AS A CONSEQUE	7200	VD.				
jury		PART 2 OTHER SIG	NIFICANT CON	IDITIONS CO	INTRIBUTING TO	ENTH BUT	NQT-RELAJED TO THE TERM	VINAL DISEASE OR CON	DITION GIV	EN IN PART 1	01
y v	NO				00	hem	notord an	thenke			
ows a	CERTIFICATION	198 DATE OF OPERA	TION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
sh of	TIE							YES NO NO		S 🗌	NO [
LE O	G	218 ACCIDENT WAS UN		216. TIME OF	A. MONTH D	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, I	PART 1 OR PART 2]	
r Ite	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI		P.A		19	100				
M b	MEDICAL	21d. INJURY OCCUR		21e PLACE C	OF INJURY	ARM FIC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
nark nark	Σ	AT WORK AT W	ORK	(Al Nome, Since	LI, FACTORI, OFFICE, F	Anm, 616)		,			
1 is I		22a.1 certify that (I				10	·3/- 19/6/2		13	19 80.	that (I) (we)
of b	:::	sow the deceo- obove, (I) (wer	sed olive on	ew the body	ofter death.	29.0	nd that in (my) sourt epinion	death occurred on the d		y and from the	couses states
Dept.		226. SIGNATURE	601	10		1	DEGREE		-	22c DATE	SIGNED
TI: 1		0	ATI	M-	FR.	M	> ATTENDING PHYSICIAN	MEDICAL STA	IAN 🗌	May.	13. 19
ORTAN		224 PHYSICIANS N	AME CHE OR PR	NED U	01		22e ADDRESS				
A B A	3/	Dr. Ha	rry Knij	DD. M.1	D.		5411 Old 3	Frederick Ro	ad 21	228	
- 0- /	220 1	BURIAL, CREMATION		36. DATE	, 23c. t	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		1	
IMPO /											STATE
IMP +		burial	1	May 1	16. 1980	Me	eadowridge.	DORAGII	0	HOWARD O	STATE
6 25M	(May 1	16, 1980	Me	radowridge	DOTACU.	25h 060mg	Houndede	44 4

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FOR - STATE

SATA ELIZABETH BABYION SEX			REGISTRAR					REG. N	J.		
Sarah Elizabeth Babylon May 12,1980 1. SEX					MIDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 2b. H	HOUR
Temple White The properties The critical operation The critical	~	(TYPE		ah Eli	zabeth	Ba	bylon	May 1	2.1980	19	1/5
Female White 7-28-799 70	67	3. SEX		4. RACE		5. DATE C	F BIRTH		HDAY) IF UNDE		NDER 24 H
Maryland U.S.A. Marked Never Marked Baltimore County Mode of the provided Baltimore County Mode of the provided Baltimore County Baltimore County Mode of the provided Baltimore County Baltimore Co			female	white			28- 1879	-	YRS.		JRS M
Maryland U.S.A. WDOWED DIVORCED Baltimore County In CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION II. BUSING COCCUPATION I	200			76 CITIZEN OF	WHAT COUNTRY?	8 AA A D D I E I	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DE	ATH	
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 172 LUSUAL OCCUPATION 172 LUSUAL OCCUPATION 173 LUSUAL OCCUPATION 174 LUSUAL OCCU	54			U.S.A			9.00	Baltim	ore Count	CV	
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Maryland Baltimore Catonsville 136. ISIDE CITY LIMITS 136. STREET ADDRESS 2224. Rock Haven Ave.	10			#2224 F	lock Haver	Ave.					100
The part of the	ag of	USUA 13a. S	L RESIDENCE (IF NURSING HOLTATE	ME OR OTHER INSTITUTION	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?				
Julius Hepting Emma Martin Was Deceased ever in u.s. armed forces? In b. Social security no. 17 informant 22240 18 cause of Death Enter only one couse per line for io., (b), and icidity of the second se	25	M	aryland Ba	ltimore	Catonsvi	lle			k Haven	Ave.	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT 222 PARSOCK Haven Ave 220 46 0012 32 Beulah B. Miller Catonsville, Md. 21 21 21 22 24 25 25 25 26 25 26 26 26	Sommo S/		FIRST				FIRST		Martin		
YES, NOOR UNKNOWN (FYES, GIVE WAR OR DATES) 220 46 0012 Beulah B. Miller Catonsville, Md. 212				-		RITY NO.		22240DR			
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PROTOSCICIONIC CAPTO VASCILLAN (J) SCASE DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (b) PART 2. OTHER SIGNIFICANT CONDITIONS CONJRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Chmnic ymphocyte Jeulemia 190 DATE OF OPERATION 190, CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 110, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR P.M. 19 21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, PARM, ETC.) AT WORK	100		ES, NO OR UNKNOWN) (IF YES								8
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Chmmic umplications (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Chmmic umplications (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Chmmic underlying causes of parting the contributions of the conditions			110		220 40 0		70 002000				
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OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. NOTWHILE AT WORK	9	IFICAT	190 DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	n was performed	The second second	IN CERTIFYING	CAUSES OF D	
272. I certify that (1) (this hospital) attended the deceased from 7-5, 1963, to 5-72, 1950, the deceased from 1950, and that in my (our) opinion death occurred on the date and hour and from the cooper (1) we) (did)	0		OR CONTRIBUTING CAUSE C	F DEATH HOUR A	.M. MONTH DA		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I OR	PART 2)	
22a.1 certify thov (1) (this hospital) ottended the deceased from	0 00	MEDIC	21d. INJURY OCCURRED	21e. PLACE	OF INJURY			CITY OR TO	WN COL	YTAL	STATE
276. SIGNATURE 276. SIGNATURE DEGREE N-D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN	2 i is mon		220.1 certify that (1) this h	e on 5-11	19_5	20	, 19	deoth occurred on the d	, ,	,	∭we es stot
27d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	T. If Hem			204	esbut.	n		MEDICAL STA		5-12	ED -
Thomas F Herbert, M.D 3779 Church Rd, Ellicatt Ghy 1	PORTAN		Thomas F	- 11 1	ert. N	1.0				& M	1d-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

St. Johns Cem.

23d. LOCATION

Ellicott

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

City, Howard, Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

burial

24. FUNERAL DIRECTOR

23b. DATE

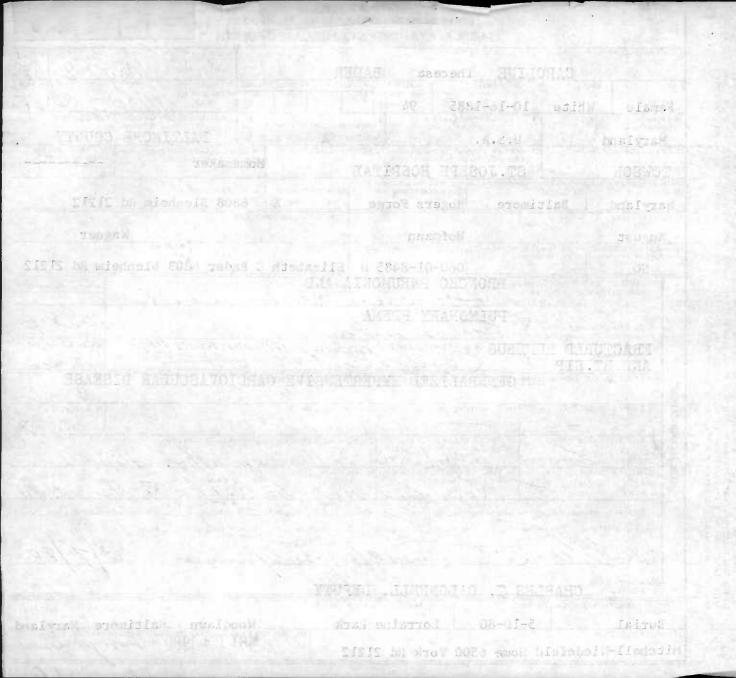
5/15/80

STACK Funeral Home, Ellicott City, Maryland 2104

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ţ
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	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m. retained by the hospital or attending physician.
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	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 0	11530
ge 3		CEASED NAME FIRST	MIDDLE	BAILEY	20. PATE OF DEATH MONTH	27 1980 M
rs after d	3 SE	F	1 RACE NEGRO	5 DATE OF BIRTH MONTH DAY YEAR 2 15 1925		MONTHS DAYS HOURS MIN
in 22 hour	C	OUNTRY STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED WEVER MARRIED WIDOWED DIVORCED	BA TIMORE CITY OR COU	COUNTY MD
by the	10 C	BALTIMORE	LIE NOT IN SUCH FACILITY GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS) RT, #18, LIBERTY RD MO. 21207	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR INDUSTRY
filled in wuld be fill	130.	statemd. Isrco	OR OTHER INSTITUTION, GIVE RESIDENCE BEI UNITY 136. CITY OR TO BALTIM	OWN 134 INSIDE CITY LIMITS? YES NO	134 STREET ADDRESS 920 BRADFORD	ST.
completely fill		OFOR K.	MIDDLE PLAST	15. MOTHER'S MAIDEN NA	WIDDLE	BONEGLEY
Pages t, the n		WAS DECEASED EVER IN U.S. / YES, NO OR UNKNOWN] (IF YES, O	OVE WAR OR DATES!	-4453 TINA BAILE	y 3 Bruba	
been signed by the attending physici. Then please remove carbon papers. ior to burial, cremation, or removal. s any injury, or other traumatic even	TION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICAN NO NE	DUE TO, OR AS A CONSECTION OF TO CONDITIONS CONTRIBUTING TO	NATED CARCINOMATOSIS QUENCE OF QUENCE OF ODEATH BUT NOT RELATED TO THE TERM		
cian. ificate has the sit permit Hygiene pr	CERTIFICATION	190 DATE OF OPERATION 3/49/80 21a. ACCIDENT WAS UNDERLYING	MASTOIDECTOMY TUI	MOUR 21c HOW INJURY OCCUR		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
or attending physis	MEDICAL	OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27d. 1 certify that (1) (this has saw the deceased alive.	ER) P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIX spital) attended the deceased fran		city OR TOWN	
tained by the hospital care of the state of		abave, (I) (did 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYP	Ougan,	DEGREE M.D. ATTENDING PHYSICIAN	MEDICAL STAFF MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
BP		BURIAL, CREMATION, REMOVE SPECIFY BURIAL UNERAL DIRECTOR		H. CA UARY	123d LOCATION CITY OF TOWN BROOKLY A FEREC'D BY REGISTRAR MARRE 1980	COUNTY STATE

reallier rates they report significant 20 STEP THE BUT I BRUDGE TO LENCY HANKIS YSAG FEW BUSYNEL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
retained by the hospital or attending physician. TOELINERAL DIRECTOR After this certificate has hear earned by the attending physician and completely.
should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fine within 2 mbir mer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examination murp be not likely and in price.

DHMH-16 25M (VRA 15, 4) 1/79

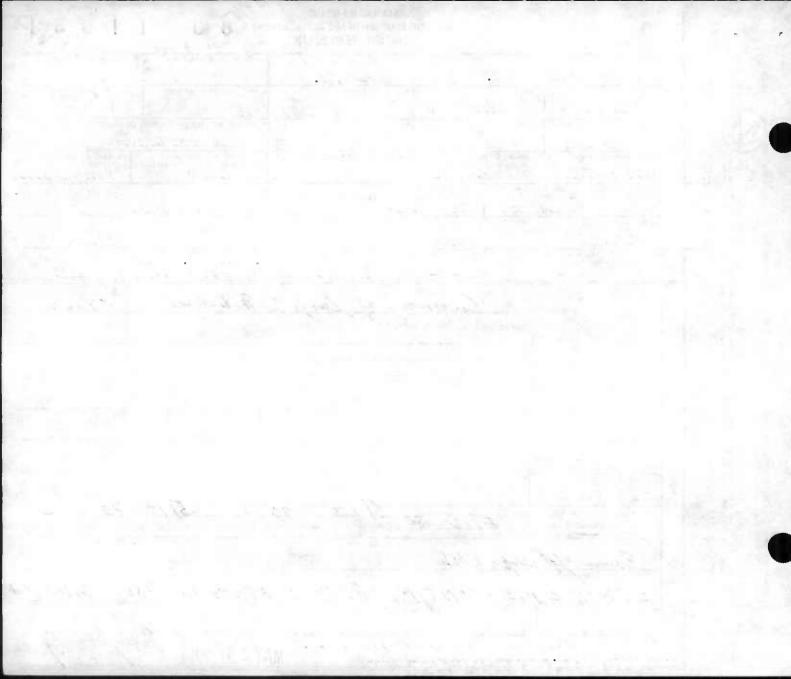
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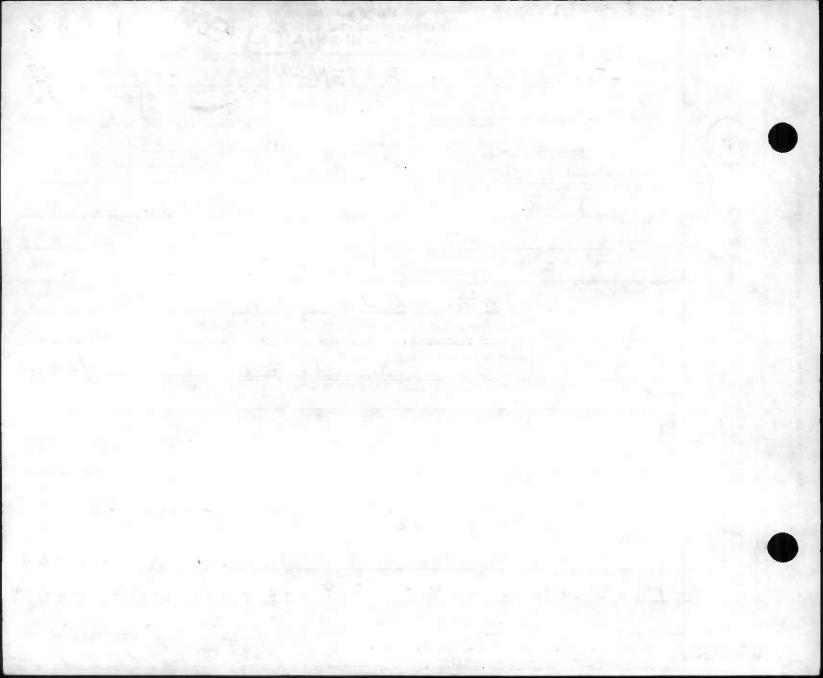
TAL HYGIENE

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['	REGISTRAR				CERTIF	ICATE O	DEATH		REG.	NO			
	CEASED NAME	FIRST	-	MIDDLE		LAST		2e DATE	OF DEATH	MONTH	DAY	YEAR	2b. HOUR
(TYPE	E OR PRINT)	Frank	T.		Bo	aker.	Sr.			5	19	80	1986
3 SE			RACE		5 DATE C		2 L 6	6. AGE	IN YEARS LAST B			DER 1 YEAR	IF UNDER 24 HRS
	Male		Whi	te	10	H DAY	1904	75		YR:	MONTH:	S DAYS	HOURS MIN
	IRTHPLACE (STATE OR OUNTRY)	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVE NEVE	R MARRIED	9 BALTI	MORE CITY	OR COUN	ITY OF D	EATH	
	Maryl	and	USA	Terrent.	WIDOW	-2727	DIVORCED [B	altimo	re Co	ounty	1	M
10 C	Owings Mi		W NOT IN SUC	HOSPITAL, NURSIN CHFACILITY, GIVE STREET, CCT,		OR OTHER II	STITUTION	(TYPE OF V	ALOCCUPA WORK FOR MOST Ulator	OF WORKING	SLIFE) IN	DUSTRY	Mayvi i
USU 13a. S	AL RESIDENCE (# NUI STATE MD	Balta	Y	GIVE RESIDENCE BEFORE 1136. CITY OR TOWN Owings Mi	N	13d. INSIDI	NO [X]X		et address Meria		ırt		(
14. F/	ATHER'S NAME FIRST William		DDLE	Baker			r's MAIDEN N. FIRST Ollie	AME	WIDDLE			Tols	
160 \	WAS DECEASED EVE YES, NO OR UNKNOWN) NO	R IN U.S. ARM	ED FORCES? VAR OR DATES)	166 SOCIAL SECU 218-09-54		17 INFOR			lice ^{AD} Owings				1117
	Conditions, if an gave rise to in cause (a), statunderlying caus	nmediate ing the	DUE TO, O	R AS A CONSEQUE		7	lunge	<i>- 110</i>		7-			
CERTIFICATION	PART 2 OTHER SIG	40		ONTRIBUTING TO D		1 114			UTOPSY?	206. IF	YES, WEI	RE FINDIN	NGS USED OF DEATH? NO
MEDICAL CER	21a. ACCIDENT WAS UPOR CONTRIBUTING THE FITHER, NOTIFY MEDITAL TO THE WHILE THE STATE OF THE STA	CAUSE OF DEATH	P. 21e PLACE	M. MONTH DA	YEAR 19 ARM, ETC.)	211 LOCA STRE	TION	RRED JENTE	R NATURE OF IN			DR PART 2)	STATE
	22s.I certify that (sow the decea above, (I) (was	sed olive on_	Z,	1/2 190	0	nd that in (n	ny) (eur) opiniar	, ta_ n death acc	urred on the	date and l	19_0 hour ond	from the	that (1) (we) la couses stated
	226. SIGNATURE	41	uga	X MAR		DEGREE	ATTENDING PHYSICIAN	MEDIC DIRECT	AL ST	AFF ICIAN []		22c. DATE	SIGNED
	22d. PHYSICIAN'S N	AME STYPE OR	PIER	PONTI	MO.	82°	ress of U	BER	AY P	1 -/6	3XC	ra I	1007/
23e	BURIAL, CREMATION	I, REMOVAL	23b. DATE	23c. N	NAME OF	CEMETERY C	R CREMATORY	23d LC	OCATION ITY OR TOWN		COUN	ſΥ	STATE
	Buria		5/22/	'80 Lo	oudon	Park	Cemeter	B	altimo	re Ci	tou	1	a MD
24 F 87	uneral director 728 Libert	Loring y Rd.,	Byers Randal	Funeral I	Direc:	tors, 1133	P. A. 250 DA	MAY 2	3 198	R 256. RE	PSIMARS	SIGNAS	OFFICE



after,	3 SE)		TTE C.	LAST	REG. NO. 2e DATE OF DEATH MONTH	DAY YEAR TO HOUR
n by the fam detection inch advance of many and many by significant once.	70 BI		RACE	BANEMAN S DATE OF BIRTH	4 -/	DAY YEAR 26, HOULE STORM ON THIS DAYS HOURS
155 155	CC	FEMALE RTHPLACE (STATE OR FOREIGN 7) CERMANY	WHITE LOUNTRY? USA	MARRIED NEVER MARRIED	97 86 YRS PALTIMORE CITY OR COUNTY BALTIMORE COUNTY	OFDEATH
F 20 E	10 CI	TY OR TOWN OF DEATH RANDALLSTOWN	BALTIMORE COUN	TY GEN. HOSPITAL	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF HOUSEWIFE	126. KIND OF BUSINES
Could be made	13a S M	AL RESIDENCE IF HURSING HOME OR OF THE BALT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY BALTIMO	N 134. INSIDE CITY LIMITS?	13e STREET ADDRESS 4721 BYRON RD.	#21208
10 mg 23	I FA		CAHN	MINNA	MIDDLE	HELY
Pages 1 a	léa ∨ Y	VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE V	NED FORCES? 166 SOCIAL SECU WAR OR DATES) 219-68-8		. MARGITAPPESS RD. BALTO., MI	21208
w requirements of the street. Then pless (serious to buring, communion sink rijury, or other to	ION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) CANADA DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	re renal of	as lune 4 as MINAL DISEASE OR CONDITION GIV	Year Year EN IN PART/10
an. cate has be refree to the service of the servic	CERTIFICATION	990 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED YING CAUSES OF DEATH S NO
tending PHYSICIAN tending physician. After this certifical the burial-transit h and Mental Hygi narked or Item 18	MEDICAL CE	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21g INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, F.	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, P	COUNTY STA
the hospital or at the hospital or at AL DIRECTOR:. at ached for use as its Dept. of Healt IT: If Item 21 is r		224.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not) 226. SIGNATURE	view the body after death.	DEGREE ATTENDING PHYSICIAN	death occurred an the date and hav	19_80, that (I) (w r and from the causes stat 22c. DATE SIGNED 4—16—1
TO FUNERAL should be detained by the should be detained with the State IMPORTANT.	23a B	226. PHYSICIAN'S NAME ITYPE OR SOON CHU	LL HONG	220 ADDRESS Battimas JAME OF CEMETERY OR CREMATORY	county gene	ual Hoy
BP		URIAL CREMATION, REMOVAL BURIAL	APR.18,1980 C LEVINSON & ABROS.	HEVRA AHAVAS CHESS	EED "RANDALLSTON RECORD BY REGISTRAR 236 PAGE PR 2 4 1980	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 an and completely filled in by Pages 1 and 2 should be filed TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Pawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, in

STATE	OF MARYL	AND

	FOR			222127		OF MARYLAND	urur (i)	/3	1 1	- 0	~2	-2
1.	STATE REGISTRAR	o Cal		DEPARIM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE Q	REG, NO.	1 1	J		9
	CEASED NAME OR PRINT)	FIRST	A	J,	B	AROCK	2s DATE OF D	PACE MONTH	29,19	YEAR PPO	26. HOU	JR 5 PM
3. SE	X	4	RACE		5. DATE O		& AGE (IN YEAR	S LAST BIRTE AY)	IF UNDI	DAYS	IF UNDER	R 24 HRS
	FEMALE		WHITE		APRI	L 6, 1900			YRS			
C	IRTHPLACE (STATE OR FOUNTRY) 1ARYLAND	OREIGN 71	USA	WHAT COUNTRY?	MARRIEI WIDOWE	DI NEVER MARRIED	BALTI	-	UNTY OF DE			MD
10 C	TOWS ON	ATH 1	(IF NOT IN SUCI	OSPITAL, NURSING H FACILITY, GIVE STREET A CARE—TOWS	DORESS)	R OTHER INSTITUTION	120 USUAL OC (TYPE OF WORK FO MANICU	OR MOST OF WORK		KIND O	F BUSIN	ESS OR
	AL RESIDENCE (# NURS STATE MD.	136 COUNT BALT	Υ	GIVE RESIDENCE BEFORE 136 CITY OR TOWN PARKVIL	4 1	134. INSIDE CITY LIMITS? YES NO 🔏	13. STREET AC 8608	CHESTN	UT OAK	RD.	21 23	14
14 FA	FRANK	MI	DOLE	BAROCK		SOPHIE		MIDDLE		LAS	ī	
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARM (IF YES, GIVE W		100 SOCIAL SECUR 111-07-2		WILLIAM G. N	MANNION	ADDRESS	UMBART		21 21 D.	. 2
	Conditions, if any gave rise to improve to improve the course the	/AS CAUSEÓ IMMEDIATE , which mediote ng the	DUE TO, OF	R AS A CONSEQUE	NCE OF	inty cells	many	nt f	jugl	APPROXI	mate inte	The The
CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	28e AUTOP	5Y? 20b.	IF YES, WER	E FINDIN	IGS USE OF DEA	TH?
	218. ACCIDENT WAS UNION CONTRIBUTING	CAUSE OF DEATH	21b. TIME O	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR		RE OF INJURY IN ITI	YES	PART 2)	NO [
MEDICAL	216 INJURY OCCUR	HILE [21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC.)	21f LOCATION STREET	C	CITY OR TOWN	col	UNIV	S	TATE
	22a.1 certify that (1) sow the deceas above, (1) (week)	ed olive on_	han	28 19		d that in (my) (arr) opinion	death occurred	on the date or		rom the		toted
	226 SIGNATURE				[DEGREE			2	C. DATE	SIGNED	

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

MOST HOLY REDEEMER

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN MEDICAL STAFF

STATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DHMH-16 25M (VRA 15, 4) 1/79

74 FUNERAL DIRECTOR
NAME
MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

2,1980

236. DATE

23d. LOCATION

BALTIMORE

COUNTY

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injury, or other troumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

OR ATTENDING PHYSICIAN: The

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should be detached for use as the buriol-transit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, it

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death certificate

-	FOR STATE REGISTRAR	
DEC	EASED NAME	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 . 1	64

1 050					CERTIF	ICATE	DEATH		REG. NO).		
	CEASED NAME	FIRST		MIDDLE	Į.	AST		2a DATE OF	DEATH /	HTMON	DAY YEAR	2b. HOUR
(TIPE)	OR PRINT)	DOR	OTHEA	Α.	BARRE	ጥጥ		MAY	2	198	20	2.20P A
3. SEX			4. RACE	21.	5. DATE C			6 AGE (IN YE			IF UNDER 1 YEAR	
	F		Ca	uc.	2	21	1931	49		YRS.	MONTHS DAYS	HOURS MIN.
	THPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVE	R MARRIED	9 BALTIMO	RE CITY OI	COUNT	Y OF DEATH	
	Mary:	land	U.S. A	•	WIDOWE		DIVORCED [Balt	imore	Cour	nty	ME
10. CI1	TY OR TOWN OF DE	ATH	(IF NOT IN SU	HOSPITAL, NURSIN	ADDRESS)				FOR MOST OF	WORKING L	12b. KIND INDUSTRY	OF BUSINESS OR
	owson	100		r Baltimo		dical	Center	Home	make	r	Own	Home
130. S	aryland	136 COU!	R OTHER INSTITUTION	136. CITY OR TOW Baltimon	/N	YES 🔼	CITY LIMITS?			uther	n Aven	ue
	THER'S NAME		MJDDLE	LAST.		15 MOTHE	R'S MAIDEN NA		MIDDLE			AST
1	Edward		C.	Barrett	Sr.		Lorett	a	moore		McNe	ill
	AS DECEASED EVEL		MED FORCES?	166 SOCIAL SECU	JRITY NO	17 INFOR	MANT		ADDRES	SS		
	No	(11 (63, 01)	E WAR OR DATES!	213 30	0670	Ja	mes C.	Barre	tt	Tor	vson,	Md.
Z	Canditians, if any gave rise to immediate (a), state underlying cous	mediate ing the e last.	DUE TO, CO		arte	NOT RELAT		MINAL DISEASE	OR COND	DITION GI	VEN IN PART I	(a)
ST.	Cirrho			c pancrea			EOD44ED	20a AUTO	ev2	20F IE AE	S, WERE FIND	INICELIEED
CERTIFICATION	198. DATE OF OPER	ATION	176 CONL	THOS POR WHICH	OPERATIO	N WAS PER	FORMED	YES X	NO 🗌	IN CERT	IFYING CAUSE	
MEDICAL	21a, ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUP WHILE NOT VALUE OF AT WORK AT WORK	CAUSE OF DEA	21e PLACE	OF INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE.	19	21¢ HOW 21f ŁOCA STRE		RRED (ENTER NAT	CITY OR TOW		PART 1 OR PART 2) COUNTY	STATE
l 1	22a-I certify that (ital) attended ti	ne deceased from	4/2	7	19_80	to	5/2/		180	that (1) (we) lost
	saw the decea	sed alive on		5/2 19	80 ar	d that in (m	y) (aur) apinion			te and ha		
	RATE	A.	20	oller death.		DEGREE	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	_ STAF	F		5/3/80
	Ronald I	,		D.		22e. ADDR	l N. Cha	rles S	treat	P. 1	to Ma	0,0,00

DHMH - 16 50M 1/76 (VR A 15 (4))

23a. BURIAL, CREMATION, REMOVAL Burial

23b. DATE

231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OF TOWN
Balto

COUNTY

STATE Md

5/6/80 New Cathedral
W. Jenkins & Sons Co.
Balto., Md. 21212 ²⁴ FUNERAL DIRECTOR Henry 4905 York Road

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(VRA 15, 4) 1/79

STATE OF MARYLAND

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		FOR STATE REGISTRAR		MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. N		5 3 6
		EASED NAME FIRST ORPRINT) Beverl	WIDDLE		HOLOMEW	May 30, 19		26. HOUR 3:53 8,
-	3 SE)	Female	4 RACE white	Sept.		6. AGE (IN YEARS LAST BIRT	MONTHS	ER I YEAR IF UNDER 24 HRS DAYS HOURS MIN
1/2	We	RTHPLACE (STATE OR FOREIGN NUMBER) St Virginia	75 CITIZEN OF WHAT COUNTRY?	MARRIE		Baltimore city o	_	EATH ME
57	10.17	SSVILLE 21237	II. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET Franklin Squar	NG HOME C T ADDRESS) 'e Hos	or other institution pital	Itye OF WORK FOR MOSTO Secretary	ON 12b. F WORKING LIFE] IN [SO	KIND OF BUSINESS OR DUSTRY Cial Securi
35	Mar	yland Balt	OTHER INSTITUTION, GIVE RESIDENCE BEFORM JNTY 13, CITY OR TOV ESSEX	re admission) VN	YES NO	837 Bruns	wick Road	21221
30	14 FA	THER'S NAME FIRST Harry	MDDIE Ott		IS. MOTHER'S MAIDEN NAM	May		Swisher
, me me	16a W (Y	AS DECEASED EVER IN U.S. AS DECEASED EVER IN U.S. AS OR UNKNOWN] (IF YES, G	NE WAR OR DATES) 219-01-	_	17 INFORMANT Lucy Gay Mart	in Elkto	illtop Ro on, Maryl	ad and 21921
s any injury, or other	ATION	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUE ALCOHOLIC CONDITIONS CONTRIBUTING TO Electroly [196 CONDITION FOR WHICH	te Im	NOT RELATED TO THE TERM	INAL DISEASE OR CON	206. IF YES, WER	E FINDINGS USED
1						- C Y		CAUSES OF DEATH?
	RTIFIC		C AN THE OF BUILDIN		Tel House server	YES NOTE	YES 🗌	№ □
29	CAL CERTIFICATION	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	EATH HOUR A.M. MONTH D	DAY YEAR	21¢ HOW INJURY OCCURE			
marked or Item 18 shows	MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH D	19	214 HOW INJURY OCCURR		RY IN ITEM 18, PART I OR	
21 is marked or Item 18		OR CONTRIBUTING CAUSE OF E LIF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE,	FARM, ETC.]	211 LOCATION STREET 2	CITY OR TOW to May 30 death occurred on the de	RY IN ITEM 18, PART I OR WN COL 19 ate and haur and f	UNITY STATE
or Item 18	MEDICAL	OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINA 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22d. I certify that (this has saw the deceased alive on above.) (we) (did)	P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE. Dital) attended the deceased from May 30 OR PRINT) SVIdal M.D.	FARM, ETC.]	211 LOCATION STREET 19 80 Ind that in (our) aprinion of physician (Physician (Physicia	CITY OR TOV to May 30 death occurred on the death occurred on th	NN COL	UNITY STATE SO , that (we) last from the causes stated

white Sept. 25, 1919 60 west into a seek totavol felono vertico felica energia dilatera "fols ellivero Nacriced Electron Sees x 920 runswick not 21223 oner 100 Utt 170 of the contract of the contra Concerned Research Sections County, Manyand

Brown and Property Condition of the Property Page 1

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at the death certificate be executed within 24 hours after	the attending physician and completely filled in by the fur emove carbon papers. Pages 1 and 2 should be filed within remation, or removal.	other traumatic event, the medical examiner must be not
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be not

Page 4 may be

8	FOR STATE REGISTRAR		CERTIFIC	OF MARYLAND ALTH AND MENTAL HYG! CATE OF DEATH	REG. NO.	1538
23	1. DECEASED NAME FIRST	J.	BAL			18 80 9:10P _M
alte pa	3. SEX FEMALE	WHITE	5 DATE OF	16 24	6. AGE (IN YEARS LAST BIRTHDAY) 55 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
72 hour	Ja. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF WHAT COUNTRY U.S.A.	? & MARRIED WIDOWED	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY BALTO. COUNTY	
y the fund within	TOWSON, MD.	11. NAME OF HOSPITAL, NURSI	ING HOME OR		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOMEMAKET	126. KIND OF BUSINESS OR
Id be file	USUAL RESIDENCE 1 IF NURSING HOMEO 130. STATE 136 COUL Maryland	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM 136. CITY OR TON Baltin	WN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 204 Hollen Road	Balt., Md. 21212
completely filled in 1 and 2 should be filled in ledical examiner mu	14. FATHER'S NAME FIRST Harrison	R. Posey		Thelma	N.	Bewley
ysician and compers. Pages 1 an ovas.	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 212-24-8		Janice M. Bu		t., Md. 21212 en Rd.
n signed by the attending phen please remove carbon parto burial, cremation, or remy y injury, or other traumatic		, (0	ATT C	CA OF LUNG	INAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
ite has bee permit. Ti jiene prior 3 shows an	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
physician. is certificat rial-transit p Aental Hygi or Item 18	OR CONTRIBUTING CAUSE OF DE	P.M	DAY YEAR 19		ED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)
or attending physics OR: After this certif ise as the burial-transeas the burial transeasthe and Mental Health and Mental His marked or Item	THE STATE OF THE S	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ECTOR: for use ar of Heal	22a I certify that 🛣 (this hosp	tal) attended the deceased from 5 - 18 19 19 view the bady after death.		that in (my) (Xr) opinian c	death occurred on the date and ho	19_80_, that X (we) last ur and from the couses stated
the hosp TAL DIR letached ate Dept NT: If It	22b. SIGNATO	uT .	D	EGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5-18-80
retained by the hospital TO FUNERAL DIRECT should be detached for L with the State Dept. of I	DR. P. J.			6701 N. CH	ARLES ST. TOWS	SON, MD.21204
BP	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			metery or crematory n View Cem.	23d. LOCATION CITY OR TOWN Howard	county STATE Co. Maryland
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR Leonard J. Ruck,	Inc. Baltimore	e, Mary	1.47	REC'D. BY REGISTRAR 251. REGISTRAR 2	SAYS SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL C. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours inverted by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fining in by the fundational detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	TO HOSPITAL ST ATTEN	TO FUNERAL DIRECTOR: hould be detached for use a vith the State Dept. of Heal

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Item 18

marked or

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If Item 21

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DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 1980 Fred Baughman IF UNDER 1 YEAR 3 SEX 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS Jan. 27 1908 YEAR White Male 72 TO BIRTHPLACE STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Penna. USA Baltimore County WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Rossville 21237 Frankling Som HUSDItal (TYPE GE WORK FOR MOST OF WORKING LIFE) Beth. Steel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Baltimore 200 Middleway Rd. Apt 3A 134. INSIDE CITY LIMITS? Middle Kiver NO P YES [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Grant Baughman LAST Lula Klock ADDRESS Middleway Rd. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! Joan Duschl, Daughter Balto., Md. 21220 212 10 1409 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY Cardio-pulmonary arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Multiple myeloma Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 19a DATE OF OPERATION 20h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT NO [YES [216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21ª PLACE OF INJURY CITY OR TOWN COUNT STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE his haspital) attended the deceased from Apri May 220.1 certify that (1 that (I) (we) last and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated abave, (1) (see) (did not) view the body after death 224. DATE SIGNED 77h SIGNATURE DEGREE STAFF ATTENDING MEDICAL May 11, 1980 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OR PRINT) 22e ADDRESS Gaspar Del Monte, M.D. 9000 Franklin Square Drive Gardenswn 23a BURIAL, CREMATION, REMOVAL 23 NAME OF CEMETERY OF CREMATORY Holly Hill Memorial Burial Baltimere Co., Man 250. DATE REC'D. BY REGISTRAR 256. REGISTOR S SIGNATURE TH FUNERALL PROCESOR Old Eastern Ave. Home

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs allererained by the hospital or attending physician.

DHMH - 16 50M 1/76 (VR A 15 (4))

FOR STAT REG	TRAR		STATE OF MARYLA ARTMENT OF HEALTH AND I CERTIFICATE OF D	MENTAL HYGIENE DEATH	REG. NO.	1540
1. DECEASE (TYPE OR PRIN		E.	BEDFORD	20. C	AL BO BOOK	DAY YEAR 26 HOUR 5:00PM
3. SEX	lows lo	4. RACE	5. DATE OF BIRTH	YEAR	GE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	'emale CE (STATE OR FOREIGN	Negro 75 CITIZEN OF WHAT COUNT	TRY? 8 MARRIED NEVERA	31	48 YRS.	Y OF DEATH
35	MD OWN OF DEATH	USA	1	vorced 🖾 BA	LTIMORE COU	
	SON MD		TEPHRESHS OP I TAI		OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS O IFEI INDUSTRY
130. STATE	ID 131 COL	or other institution, give residence in INTY I 13c. CITY OR Balti	more 13d INSIDE C	NO □ 6	street ADDRESS 872 Starbri	dge Dr.
14 FATHER	FIRST	MIDDLE LAST		S MAIDEN NAME	WIDDIE	LAST
_ 160. WAS DI	ylvester CEASED EVER IN U.S. A		SECURITY NO. 17 INFORMA	sabelle NT	ADDRESS	Smith
	R UNKNOWN) (IF YES, GI	VE WAR OR DATES) 215-2	8-5277 Isab	elle And	erson 311 L	enox Ave.
gov. caus unde	itians, if any, which rise to immediate (a), stating the laying cause lost. 2 OTHER SIGNIFICANT	DUE TO CT RRHO'S	TYNCTO ESPHO	WITH HY	PERSPLENISM DISEASE OR CONDITION GI	
9 STIFIC				Y	ES NO Y	FYING CAUSES OF DEATH?
00.00	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF D HER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH	DAY YEAR	JURY OCCURRED (enter nature of injury in Item 18.	PART 1 OR PART 2)
WEDICAL WHILE AT WO		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	N .	CITY OR TOWN	COUNTY STATE
s		pital) attended the deceased from may 10 Let) you the body after death.	0.0	(our) opinion death	occurred on the date and ho	, 19 <mark>80, that (++ (we) lo</mark> ur and from the couses stated
22b. S	GNATUR	nengen		PHYSICIAN 🗌 DIR	DICAL STAFF ECTOR DPHYSICIAN	22c. DATE SIGNED
22d. P	DR. ENJET		22e ADDRES	20 YORK	RD. TOWSON	MD 21204
(SPECIFY)	cremation, remova Burial	5/14/80	23c NAME OF CEMETERY OR C Pleasant Re	st Cem.	d. LOCATION CITY OR TOWN TOWSON D. BY REGISTRAR 256. REGIS	COUNTY STATE
	DIRECTOR					

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That y	A SALAN	3. SEX		4 RACE		5. DATE C			6 AGE (IN	YEARS LAST BIRTHDAY)		DER I YEAR	IF UNDER
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ORE,	d co	160. WAS DECEASED EN		RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMA	ANT		ADDRESS			
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BALT ofe b	rsicio apers val. t, the	18 CAUSE OF DE	ATH (Enter o	only one cause per	line for fall You	GARD	IAL II	VFARCT	ION	. ,		APPROXIM BETWEEN O	NATE INTE
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201 es th	ple pria vria	PART 2. OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	SE OR CONDITIO	N GIVEN IN	PART 1(o	1
S,	en en ury	2											

Risley 4616 White Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SE YEARS EASE TION GIVEN IN PART 10 CERTIFICATIO 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? MPORTANT: If Item 21 is marked ar Item 18 shows NOF YES [NO F 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21e. PLACE OF INJURY 21d. INJURY OCCURRED 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (# (this haspital) attended the deceased from sow the deceased alive on above. and that in (aur) opinion death occurred an the date and hour and from the couses stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN, 22d PHYSICIAN 22e ADDRESS 21204 23d LOCATION CITY OR JOWN Balto. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Md. Balto. Gardens of Faith 5-8-80 Burial 250 DATE REC'D. BY REGISTRAR 256 GISTRAR'S GNATURE 1980 24. FUNERAL DIRECTOR 6415 Belair Rd. Miller Inc. John C.

2b HOUR : 30PM IF UNDER 24 HRS

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DHMH - 16 50M T/76 (VR A 15 (4))

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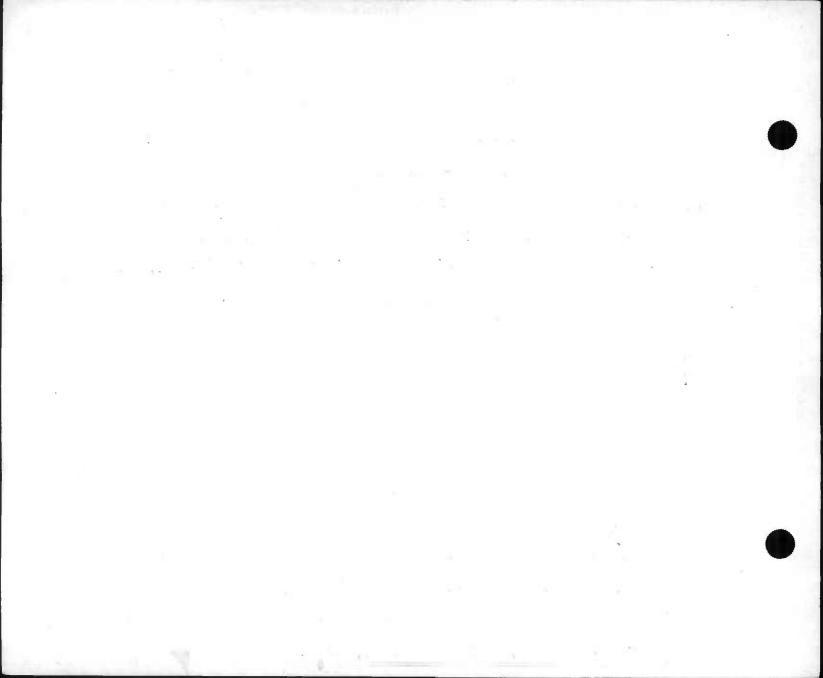
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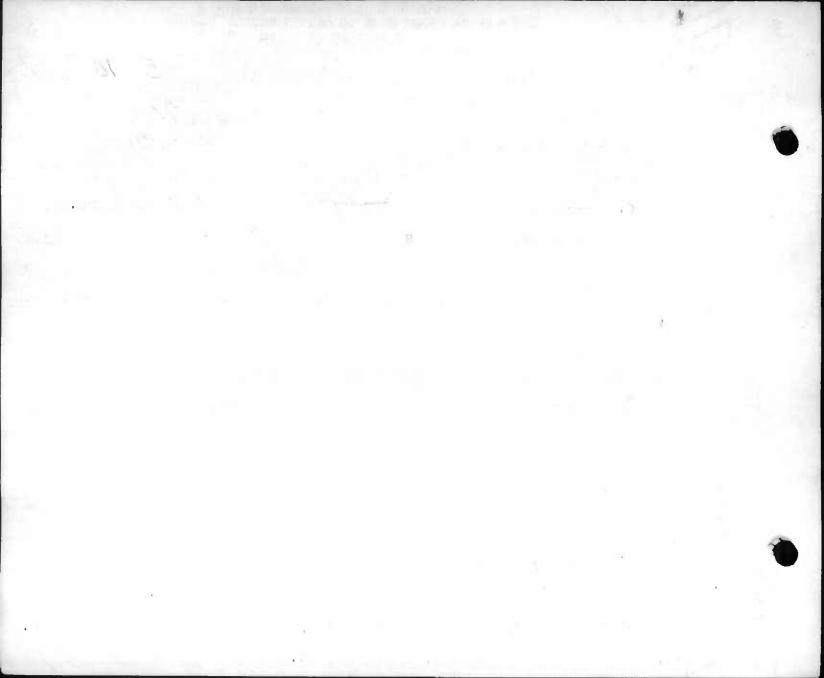
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MARYLAND 21201	
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DIVISION OF VITAL RECORDS	
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6	1	FOR - STATE REGISTRAR		DEPARTN	CERTIF	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0	10.	I	; 4	2
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omplete	14. F.	John	S.	Belzner		15 MOTHER'S MAIDEN NA	Elizabeth		LAST		
Pogei		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)	MED FORCES? E WAR OR DATES)	213-01-1		Helen J. Bel	zner, 907 S Baltin	Curley	Stre	et	
requires that the death certificate be signed by the attending physicia. Then please remove carbon papers into burial, cremotion, or removal injury, or other traumatic event, the	NOI	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT (a)	D BY. (E CAUSE (0) DUE TO, O (b) DUE TO, O (c)	CARC R AS A CONSEQUE R AS A CONSEQUE	NCE OF	A OF LUNG I				MATE INTERVA	ATH
0 >	CERTIFICATION	19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING	196 COND		OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [G CAUSES		?
DING PHYSICIAN: The low or ottending physicion. After this certificate has be e as the buriol-transit permit ofth and Mental Hygiene primorked or frem 18 shows on	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE. IF ETHER, NOTIFY MEDICAL EXAMINER! 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A. P. 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	19 ARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATI	
MOSPITAL OF ATTEN and by the hospital FUNERAL DIRECTOR and be detached for us the State Dept of He MOSTANT: If Hem 2 1 is		220. I certify that (IXthis hosping sow the deceased alive an above. X (we) (did) (grants 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPES BEATRIZ P.	MAY 3(p) view the body			30 19 80 d that introduced opinion DEGREE ATTENDING PHYSICIAN 1226 ADDRESS 7620 YORK	MEDICAL STA DIRECTOR PHYSIC	FF CIAN	22c. DATE		ed
BP	24 5	Burial Cremation Removal SPECIES UPIAL UNERAL DIRECTOR CHÖLAS T. Mattl	23b. DATE 6-2-8	0 23c N	k Law	n Cemetery	23d LOCATION CHYORTOWN Baltimore TE REC'D. BY REGISTRAR UN 1 1980	Balti		STATE Md.	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 2120 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME First death. and (Type or print) S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX within 72 haurs after DAYS last birthday) 9. COUNTY OF DEATH 7o. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED country) LTIMORE papers DIVORCED [be executed within 24 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY_OR TOWN OF DEATH give street address) A. G Manuel during most of working life, even if retired.) **INDUSTRY** lease remave carban auc douseries, 3d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13b. COUNTY and in any 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost MXNOWN Deans OR ATTENDING PHYSICIAN: The law requires that the death certificate 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war ar dates of service) (Yes, na. ar unknawn) burial, crematian, or remaval, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🗔 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) UNDERLYING 21b. TIME OF INJURY 21a. ACCIDENT WAS d DR CONTRIBUTING CAUSE DF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County 21d. INJURY OCCURRED While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram. be retained by _1934, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an 5/9 causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS. DEGREE PHYS DIRECTOR filed directar, page shauld be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) w/LL/ 5743 EDMCNOSO. 23d, LOCATION (City or Town) (State) 23c. NAME OF CEMETERY OR CREMATORY (County) 23a, BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 25b. REGISTRARIS 24. FUNERAL DIRECTOR VR A15 (4) 25m-1/70 Dabrowski Son 2818 E. Baltimore



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending about should be detached for use as the burial-transit permit. Then please remove cortain page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event.

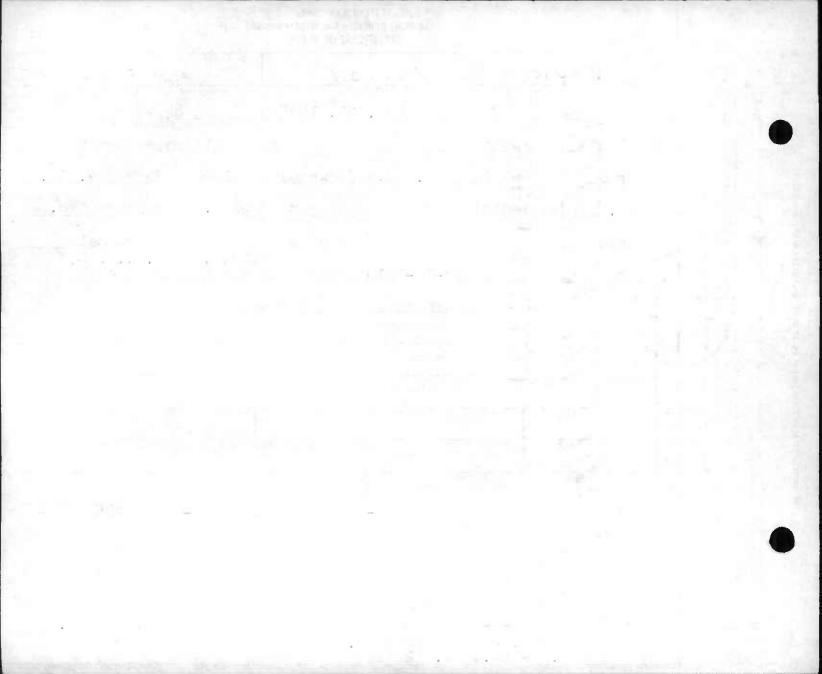
22d. PHYSICIAN'S NAME (TYPE OR PRINT)

collecommet must be notified at once

1	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG CICATE OF DEATH	GIENE 8 0	1 1 5	44
	ECEASED NAME FIRST PEOR PRINT) LOUIS	MIDDLE	Benn	pett	20. DATE OF DEATH MONTH	B 1986	2b. HOUR
3. SE	F.	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHD M)	IF UNDER 1 YEAR MONTHS DAYS RS.	IF UNDER 24 HRS HOURS MIN.
I	SIRTHPLACE ISTATE OR FOREIGN COUNTRY) Aryland LITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNT USA	MARRIE	DIVORCED X	Baltimore city or cou	e County	
	TOWSON JAL RESIDENCE (IF NURSING HOME OR		· Home		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Clerk U	NG LIFE) INDUSTRY SFG Ins.	
130.	STATE 136 COUN	timore Tows	OWN	13d. INSIDE CITY LIMITS? YES NO TO TO TO THE TOTAL THE		apeake A	Ave.
16a.	Howard WAS DECEASED EVER IN U.S. ARA	Hubbar MED FORCES? 166 SOCIAL S	-	Louise	WIDDLE	Broume	1
	(YES, NO OR UNKNOWN) (IF YES, GIVE	ly ane cause per line far (a), (b)	2-9215, and (c).)		Jerran, N	itemarsh	075 1 Way
			Decen	cerebion 1/2	scielly Dess	1) 3-	4-gle
CERTIFICATION	PART 2. OTHER SIGNIFICANT C				20a AUTOPSY? 20b. II	F YES, WERE FINDIN	NGS USED
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	YES NO DE THE NATURE OF INJURY IN ITEM	ERTIFYING CAUSES YES A 18, PART 1 OR PART 2)	NO [
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a. I certify that (I) (this hasnit saw the deceased alive an abave, (I) (we) (did) (did not 22b. SIGNATURE)		80_, an	d that in (my) (aur) apinion of	, ta 5_8 death accurred on the date and		
5	1/m	It I had	dy m	THATTENDING THYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	5	8-89

DHMH - 16 60M 7/73 (VR A 15 (4)) 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY PIKES VILLE, COUNTY BURIAL 5-9-80 Druid Ridge Pikes Ville, Md. STATE PIKES VILLE, MG. STATE PIKES VILLE PIKES VILL

22e. ADDRESS



REGISTRAR DECEASED NAME FIRST 2a. DATE OF DEATH (TYPE OR PRINT) NOSE 4 RACE 3 SEX WHITE MONTH YEAR FEMALE XXXXXXX 67 To. BIRTHPLACE (STATE OR FOREIGN LOUNTRY COUNTRY MARRIED | NEVER MARRIED | NEW JERSEY U.S.A. WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH MILTORD MANOR NURSING HOME PIKESVILLE USUAL RESIDENCE (IF NURSING, HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE HOWARD COLUMBIA 134. INSIDE CITY LIMITS? MARYLAND 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MEYER MILLER REBECCA 166 SOCIAL SECURITY NO 17 INFORMANT RONALD BERKOWPPEZS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 139-01-5005 5688 THICKET LA., COLUMBIA, MD 18 CAUSE OF DEATH (Enter only one cause per line for to y to), and to a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? NO 2 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 714 INJURY OCCURRED 211 LOCATION 21ª PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a I certify that (I) (this hospital) attended the deceased from hay 2 sow the deceased alive an. obave, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNERAL State MPORTAN 774 PHYSICIAN'S NAME (TYPE OF PRINT) should be with the S 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY LOCATION 23b. DATE REMOVAL/BURIAL CITY OR TOWN

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD., BALTO., MD

FOR

- STATE

DHMH-16 25M

(VRA 15.4) 1/79

STATE OF MARYLAND

CERTIFICATE OF DEATH

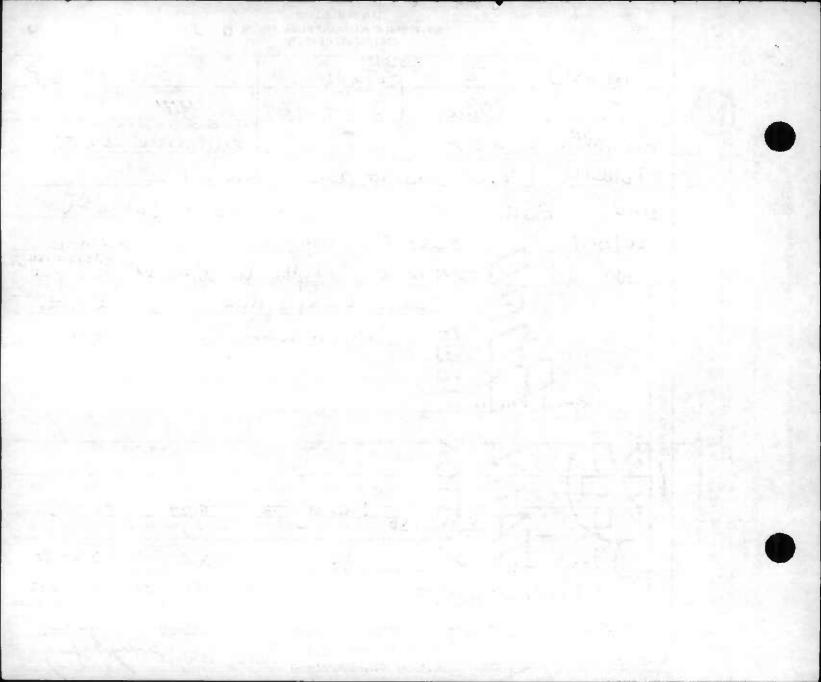
RETH ISPACE

21215

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 26. HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE COUNTY 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWN SHOP (CLOTHIN 5688 THICKET LANE UNKNOWN APPROXIMATE INTERVAL 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [CITY OR TOWN COUNTY STATE and that in (my) (aux) opinion death occurred on the date and have and from the causes stated 22c DATE SIGNED COUNTY STATE WOODBRIDGE 250. DATE REC'D. BY REGISTRAR 25h. REMISTRAR'S SIGNATURE

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	1.	FOR STATE	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 0 1	1 5 4 6
7 eg eg eg		REGISTRAR CEASED NAME MARY OR PRINT) A C U	E MIDDLE	BETZOLDAST	Zu. DATE OF DEATH	7-80 6 P M
ge 4 aay	3. SE	14471	1 RACE White	S. DATE OF BIRTH MONTH DAY T - 1887	6 AGE (IN YEARS LAST BIRTHDAY) 92 9 PB/YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
death Page.	-0	RTHPLACE (STATE OR ESPREIGN DUNTRY)	76 CITIZEN OF WHAT COUP	WIDOWED DIVORCED		County MD
urs ofter	-	TOWSOU AL RESIDENCE (IF NURSING HOME OF	(If NOT IN SUCH EACILITY, GIVE	is with an	TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
within 24 ho within 24 ho d 2 should be done of the do	130.	TATE D. 136 COUNTY STATE OF THE	NTY 13c. CITY OF	FOWN 134 INSIDE CITY LIMITS? YSON YES NO NO NOTHER'S MAIDEN NA	13. STREET ADDRESS	JaRO
b amp		A but VAS DECEASED EVER IN U.S. AR		KEIT FORM GON	ADDRESS	Stepains 2351078 Hay
ate be execusician and copers. Pages oil.	((IF YES, GIVI	ally one couse per line for lay.	-14-1138 Phyllip	W. Wannel	PONKY () CTO C
requires that the death certificate in signed by the attending physici. Then please remove carbonapper in a burial, cremation, or remaval. injury, ar ather traumatic event, the	z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	/1 41 erio sel erosi	\$	b hours years EN IN PART 110
he law an. t permit ene pric	CERTIFICATION	190 DATE OF OPERATION		VHICH OPERATION WAS PERFORMED	YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{NO} \)
HYSIC1Anding plans certiff buriol-1	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONT	H DAY YEAR 19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, P)	COUNTY STATE
TTENDING pital ar a TOR: Afte far use as af Health af Health		220.1 certify that (this haspi sow the deceased alive an above, (we) (did) (did)	6 09	19 💯 , and that in (my) (🗪) opinion	death accurred on the date and hour	
0 0 0 0 0		226. SIGNATURE	dopple I	DEGREE ATTENDING PHYSICIAN [120 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	5/28/80
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: IMPORTANT: IM	22.	J. Frank	K Supplee,	- 1 1 m	restly Pkry Ball	F, Md 21218
113 BP		BURIAL, CREMATION, REMOVAL SPECIFY: Burial	236. DATE 5-30-1980	Moreland Memorial	Baltimo	Maryland
DHMH - 16 50M 1/76 (VR A 15 (4))	24. F	UNERAL DIRECTOR NAME ICK TOWSON Funer	ADDR	ESS 1050 York Road	IN 2 1980	my Habrary



1-	FOR STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE 8 0	NO	15	47
	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
(TYPE	CLEME	ATINE M	- 1	FILLAU		5-19	-80	11-55 A
3 SE)		4 RACE	S. DATE C		& AGE JIN YEARS LAST BE	RTHDAY) IF U	UNDER I YEAR	IF UNDER 24 HRS
	Female	Black	MONTH 3	29 22	58	YRS.	ITHS DAYS	HOURS MIN.
7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY2 8		BALTIMORE CITY		DEATH	
5 "	Pa.	U.S. A.	WIDOWE	D NEVER MARRIED	Cita	-Bol	Los. 1	CD N
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		124 USUAL OCCUPA			F BUSINESS O
	Baltimore	I IF NOT IN SUCH FACILITY, G		untu Uoonit	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	
USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)	unty Hospit	./			
	arvland 136 COL	Vide a 11 m	ORTOWN 1timore	134 INSIDE CITY LIMIT	S? 13a. STREET ADDRESS		D 4	
	THER'S NAME	Da Da	ltimore	15. MOTHER'S MAIDER		npfield	Ka.	
d	FIRST		AST 1	FIRST	MIDDLE		LAST	
16a V	Howard VAS DECEASED EVER IN U.S. A		eulah AL SECURITY NO	Lillia 17 INFORMANT	ADD		Haynes	
	ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			. (30/ 0	C* 11.	n 1	
	no	anly one couse per line for (a)	-22-6145	Clara Wh	ite 6/24 Car	npfield		MATE INTERVAL
	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A CO			Cardio-		ng a	wen
CERTIFICATION	PART 2 OTHER SIGNIFICANT CILL PYTE W 190 DATE OF OPERATION		MI. 1	truo E	TERMINAL DISEASE OR CO OLA ANT. M 1200 AUTOPSY?		rni Mo	du Fu
) H					YES TI NOTE	IN CERTIFYIN		OF DEATH?
4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D JIF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MON	ITH DAY YEAR		CURRED (ENTER NATURE OF IN)			
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY		21f LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
	22e.t certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did in 22b. SIGNATURE	pital) attended the deceased on 5 - 19 - not) view the body after deat	h. 19 80 · a	nd that in (my) (our) ap	sonian death accurred on the	, 17.		
		Shak		ATTENDIN	MEDICAL ST	AFF ICIAN D	5-19	
	R-m	011		PHYSICIA	AT COMECTOR CITIES	CIAITE	1	
	R - M 224 PHYSICIAN'S NAME (TYPE R - M · .	ORPRINT)		B. C. G	н.			

completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coi should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remaval.

ATTENDING PHYSICIAN: The

etoined by the hospital or attending

FOR STATE REGISTRAR	DEPART	STATE OF MARYL MENT OF HEALTH AND CERTIFICATE OF I	MENTAL HYGIENE &	3 0 REG. NO.	1 1 5	48
I. DECEASED NAME FIRST (TYPE OR PRINT) & lara	MIDOLE 3	eyth	20 DA	TE OF DEATH MON	1, 1980	26 HOUR 9:40
	4 RACE WHITE	DATE OF BIRTH		(IN YEARS LAST BIRTHDA	Y) IF UNDER I YE	
GERMANY	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED WEVER	MARRIED	BALTIMOR	COUNTY OF DEATH	MI
BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET 817 SMOKE	TREE RD.		UAL OCCUPATION		O OF BUSINESS OF
PUSUAL RESIDENCE (IF NURSING HOME OR 130 STATE 13b COUN MARYLAND BAL'	TY 13c CITY OR TOW	RE 13d INSIDE C		PET ADDRESS I	TREE RD.	#21208
14 FATHER'S NAME WOLF	RONSHE I		s maiden name ÚBCHEN	MIDDLE	SCHOENE	EMANN
160. WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU 213-20-4	367	MRS. SMOKE TREE	RUTH CIPE RD. BA	ER ALTO, MD	21208
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOUI					
PART 2. OTHER SIGNIFICANT C	ONDITIONS <u>CONTRIBUTING TO I</u>	14		AUTOPSY?	M. IF YES, WERE FINI CERTIFYING CAUS	DINGS USED
210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19 211. LOCATI	JURY OCCURRED (EN	TER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2 COUNTY	STATE
27a. I certify ther (1) this hospit saw the deceased alive an abaye, (1) (2) (did) (view the body after death	DEGREE	(our) opinion deoth ac ATTENDING MEDI PHYSICIAN DIRECTORS	ICAL STAFF TOR PHYSICIAN	21.5	, that (1) (We) las he causes stated
Jay IN.	Marbs W	0, 350	L W. K	100	, ,	

DHMH - 16 50M 1/76

(VR A 15 (4)) 6010 REISTERSTOWN RD

23a. BURIAL, CRÉMATION, REMOVAL (SPECIFY) BURIAL MAY 8, 1980

BALTIMORE HEBREW

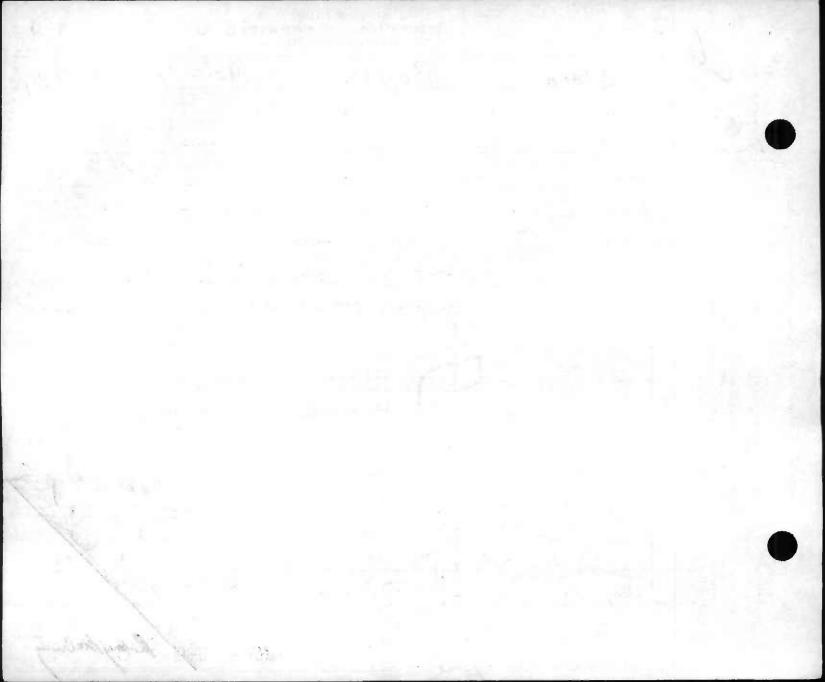
23c. NAME OF CEMETERY OR CREMATORY

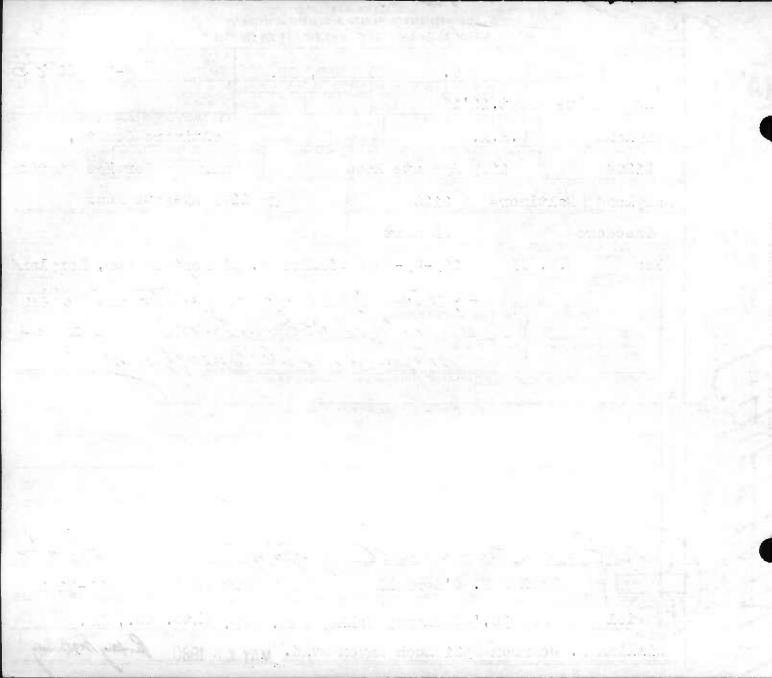
23d LOCATION
CITY OR TOWN
XXXXXXX 250 DATE REC'D, BY REGISTRAR 256 REC

MARYLAND

24 FUNERAL DIRECTOR SOL LEVINSON INC. BROS BALTO

21215





tely filled in by the funer should be filed within 72

within 24 hours a

FOR STATE

STATE OF MARYLAND DEPAR

RTMENT OF HEALTH A	ND MENTAL HYGIENE	8
CERTIFICATE	OF DEATH	~

2.3	- 1
	- 2

7	3	5	0

REGISTRAR				CERTIF	ICATE OF DEATH	REC	. NO.			
1. DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE	į	AST	20. DATE OF DEAT		DAY YEAR	2b. HOL	JR
(TIPE CREATINE)	Bert	:ha	Marie	B:	illingsley	May 2	0, 1980	0	11:0	8P M
3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAS	F BIRTHDAY)	F UNDER I YEAR	IF UNDER	
White		Whit	e	Jui	ne 4, 1892 AR	87	YRS.	MONTHS DAYS	HOURS	MIN
76. BIRTHPLACE (STATE (OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	18	D NEVER MARRIED	9 BALTIMORE CIT		Y OF DEATH		
Marylan	d	U.S.A	١.	WIDOWE		Baltim	ore Co	unty		MD
10 CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUP	PATION	12b. KIND C	F BUSIN	ESSOR
Catonsvill	.e	House i	in the Pi	nes N	ursing Home	Inspect			Co.	,
USUAL RESIDENCE (*) 130. STATE Maryland	NURSING HOME OR 136 COUN Balti	TY	GNE RESIDENCE BEFORE 13c. CITY OR TOW Catonsvi.	/N	134 INSIDE CITY LIMITS? YES NO XX	13. STREET ADDRE 407 H11		e. 21228	3	
14 FATHER'S NAME		NIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		4.45	7	
Augus			Wallenho	orst	Amelia	MIDDI		EÍÌ	is	
Ida WAS DECEASED EN		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	AD	DRE Cato	nsville.	Md.2	.1228
No	(# 163,011	WAN ON DAILS	212-01-6	646	Mr.J.Carson	Billingsle	y, Jr.	,407 Hil	ton	Ave.
gave rise to cause (a), st underlying co PART 2. OTHER S	I DOE TO, OR AS A CONSEQUENCE OF A								01	
19a DATE OF OPE	19a DATE OF OPERATION 19b C			ONDITION FOR WHICH OPERATION WAS PERFORMED				ES, WERE FIND IN IFYING CAUSES 'ES		TH?
OR CONTRIBUTING (IF EITHER, NOTIFY M 21d. INJURY OCC	21a. ACCIDENT WAS UNDERLYING			AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF		PART 1 OR PART 2)		TATE
	T WHILE	INT HOME, 31	REET, FACTORY, OFFICE, F	nam, Elej		CIII O			3	reach.
saw the dec	MES ATTENDING MEDICAL STAFF								that (I) (causes standard	,
22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)	/		PHYSICIAN [DIRECTOR PH	I SICIAN [7	-110	
Dr. Sta					1101 Maiden		ne, Ba	1to., Mc	1. 21	229
23a. BURIAL, CREMATIC (SPECIFY)		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	, Pa	ATE
Bu	ırial	5-23-8	30 Ne	w Cat	hedral Cemete:	ry Baltin	nore,	100	Mo	

ATTENDING PHYSICIAN:

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

14 FUNERAL DIRECTOR
NAME
Hubbard Funeral Home Inc.4107 Wilkens Ave 21229

MAY 2 2 1980

Md.

Part, A pante ATOMO CILL cours in a dear ments there was a second cours the end indicate the last and the control of the end . The cold mount of the cold minutes edies .20 The second constitution of the second contract requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physicion

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may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	ĺ	2	3	
EG. NO.					

11	REGISTI	RAR				(ERTIFI	CATE OF DE	ATH		REG.	NO.			3.0
	DECEASED N (TYPE OR PRINT)		FIRST		MIDDLE		LA D.T.	ST			OF DEATH		DAY	YEAR	26 HOUR A
			DINA		C.			OCK			6, 1				4:10
	3 SEX FEM	ALE	ľ	RACE WHITE			MAR.	DAY	905	6. AGE (IN	75	IRTHDAY)	MONTHS	DAYS	IF UNDER 24 HRS
5	BIRTHPLACE COUNTRY! MAR	(STATE OR FO	DREIGN 7	USA	WHAT COUN			NEVER MA		1		OR COUNT		ATH	M
10	RANDA	WN OF DEA						ESCENT			LOCCUPA DUSEWI	TION DEWORKING FE		KIND O	F BUSINESS OR
35	130 STATE MAR	YLAND	ING HOME OR O	OTHER INSTITUTION, IY	BALTI	E BEFORE AD TOWN MORE	MISSION)	13d. INSIDE CIT	Y LIMITS?	13e. SIRFE	ADDRESS	RINTH	RD.		#21215
D	14 FATHER'S N	DAVID	М	IDDLE	COOPE	ER		15. MOTHER'S A	ÄH		MIDDLE		LVER	LAS	T
2	YES, NO OF U			AED FORCES? WAR OR DATES)	166 SOCIAL 213-	SECURIT - 34 - 7		17 INFORMAN	MR.	FRED MALL	BLOCK PASA	DENA.	MD	2112	22
		I. DEATH W	AS CAUSED	CAUSE (0)			4	/. A					3		MATE INTERVAL DINSET AND DEATH
	gove r couse underly	ons, if ony, ise to imm	nediote g the lost	DUE TO, OF	R AS A CONS	SEQUENC	B OF	vonch u Diahed	U					19	
	o N	OF OPERAT						OT RELATED T			SE OR CO	20b. IF Y	ES, WERE	FINDIN	IGS USED
2	E E									YES 🗌	NO	~!	TIFYING C	AUSES	OF DEATH?
9	OR CONTE	BUTING C	AUSE OF DEAT	216. TIME O HOUR A.	M. MONTH	H DAY	YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER	NATURE OF IN	IURY IN ITEM IB	, PART 1 OR	PART 2)	
	21d INJU	RY OCCURR		21e. PLACE ((AT HOME, STR	OF INJURY BET, FACTORY, O	OFFICE, FARM	L ETC.)	21f. LOCATION	I		CITY OR TO	NWC	cou	NTY	STATE
	sow	the decease	d plive on	view the body	15/50			that in (my) (c	19		May red on the	dote and ha	_		that (I) (we) lost couses stated
	22b. SIGN	TATURE 2	234	bar			mA	° PH	TENDING _	MEDICA DIRECTO	L ST.	AFF ICIAN 📋		4	SIGNED /FU
1	22d PHYS	ICIAN'S NA		BERG	> >	1.0	,	220 ADDRESS	W. 14.	or th	un	Par	Łw.	125	Balto. Md
	23a. BURIAŁ, CI (SPECIFY)	BURIAL		MAY 7,	1980			METERY OR CR EMUNAH		23d. LOC	OR TOWN	DE	COUNTY	1	STATE

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

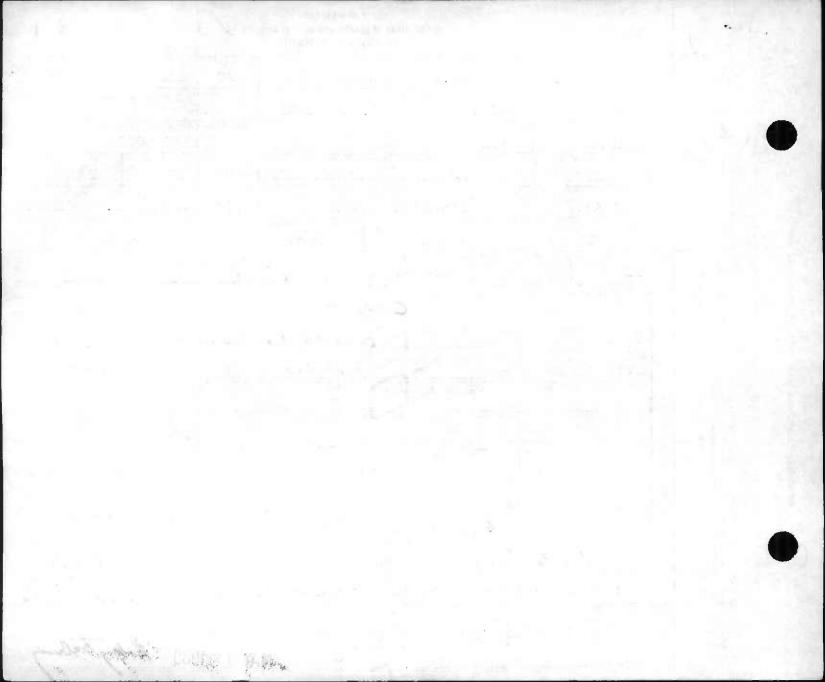
TO HOSPITAL

6010 REISTERSTOWN RD

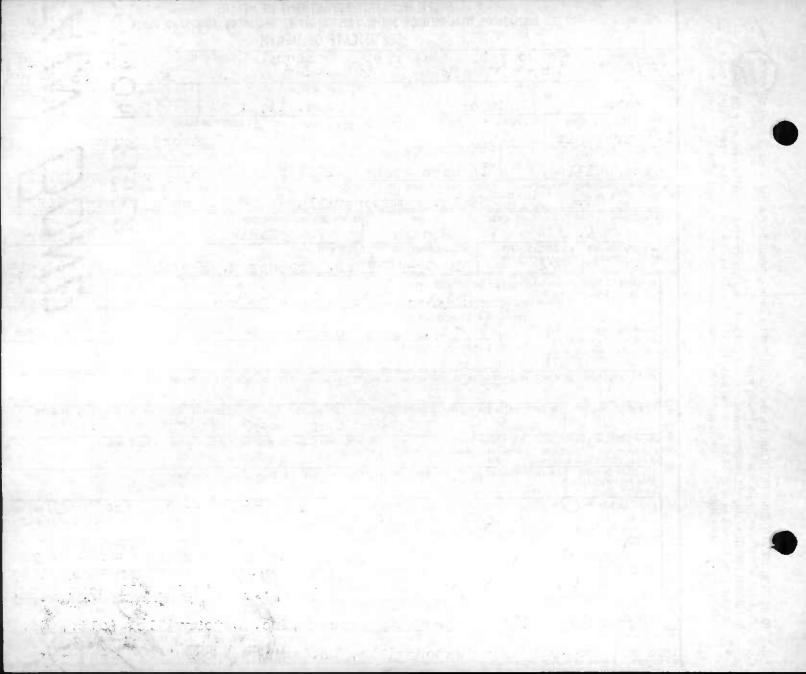
SOL LEVINSON & BROS., 24. FUNERAL DIRECTOR

BALTO

250. DATE REC'D. BY REGISTRAR MEG 1980



MARYLAND STATE DEPARTMENT OF HEALTH



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and completely filled oges 1 and 2 shauld b

corbonpapers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by

injury, or other traumatic event, th

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	REGISTRAR			CERTI	FICATE OF DEAT	Н	REG. NO.			
	CEASED NAME	FIRST	MIDDLE		LAST	20 DATE	OF DEATH M	ONTH DAY	YEAR	26 HOUR
		inell,	Mr. Rober	t Owen,	Sr.	5-1	6-80			1:50P W
3. SE	X	4 R	ACE		OF BIRTH		IN YEARS LAST BIRTHE		UNDER I YEAR	IF UNDER 24 HRS
	Male		white	3-4-	1891	EAR 89		YRS.	ITHS DAYS	HOURS MIN
	RTHPLACE (STATE OR FO	REIGN 76 C	ITIZEN OF WHAT CO	DUNTRY? 8 MARRII	D NEVER MARR	ED 9 BALTI	MORE CITY OR	COUNTY O	FDEATH	
Vi.	ncennes, Ind		U.S.A.	WIDOW			Relti	more C	ounty	MD
10 C	ITY OR TOWN OF DEA		NAME OF HOSPITA		OR OTHER INSTITUT		AL OCCUPATIO		12b. KIND O	F BUSINESS OR
Lu	therville, N	6.9	ollege Mar		g Home	1	nker	onkiito tii Ey	1140001111	
	AL RESIDENCE (IF NURSI	NG HOME OR OTHE		OR TOWN	1 13d INSIDE CITY LE	MITS? 13e STRE	ET ADDRESS			
Ma	rwland	*	Balt	imore	YES Q NO	D 114	St Duns	ton Po	nd Ro	T+o Ma
14 F	ATHER'S NAME	MIDDL		LAST	15. MOTHER'S MAI	DEN NAME	WIDDLE	VA.11 - 110	000	
	George	MIDDE		nnell	Rosa		MIDDLE		Ro	ot
	VAS DECEASED EVER I	IN U.S. ARMED		IAL SECURITY NO.	17. INFORMANT	Son:	ADDRES	S		
,	yes	WWT		-01-5427 -	A- Robt		ell.Jr.	.Balto	. Md.	21212
	18 CAUSE OF DEATH			ol, (b); and (c)	4	1				MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	AS CAUSED BY IMMEDIATE CA	1 0 17	ebral	alrop	ue			3	Urs
	427A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DUE TO, OR AS A.C.	ONISE OLIE LICE OF						. 1
	Canditions, if any,	which	ib)	reprat	asken	a sele	2050	1	+34	lears
	gove rise to imm		DUE TO, OR AS A C	ONISE OLIENICE OF					/	
	underlying cause	_	(c)	DIASEODEINCE OF						
	PART 2 OTHER SIGN	IIFICANT CON	DITIONS CONTRIBU	ING TO DEATH BU	NOT RELATED TO T	HEJERMINAL DISE	ASE OR CONDI	TION GIVEN	IN PART 10	0
ON	Glan	er o	uset a	Idbexe	2 mol	lions				
CAT	190 DATE OF OPERAT	ION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a A		20b. IF YES, V		
CERTIFICATION	No	re				YES [IN CERTIFYIN		NO [
CER	210 ACCIDENT WAS UND		216. TIME OF INJURY		21¢ HOW INJURY	OCCURRED (ENTE	R NATURE OF INJURY	IN ITEM 18, PART	1 OR PART 2)	
M	OR CONTRIBUTING C		P.M.	19						
MEDICAL	214 INJURY OCCURR		21e PLACE OF INJUR		21f LOCATION		CITY OR TOWN		COUNTY	STATE
>	WHILE NOT WH	ILE	(AT HOME, STREET, FACTO	KI, OFFICE, FARM, EIC)	. /		-/14			JIMIL
	22a.1 certify that (1)	(this hespital) o	ottended the decease	ed from 197	. 19	, to	2/10	, 19.	80	that (1) (we) lost
	sow the decease above, (1) (was) (d		w the body after dec) 19, o	nd that in (my) (my)	opinion death acci	irred on the date	e and hour o	nd from the	couses stated

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, an IMPORTANT: If them 21 is marked or them 18 shows any injury, or oth

23b. DATE

5/16/80

22e ADDRESS 1134 23c. NAME OF CEMETERY OR CREMATORY

DEGREE

ATTENDING PHYSICIAN

23d. LOCATION CITY OF TOWN

MEDICAL STAFF DIRECTOR | PHYSICIAN |

COUNTY STATE

22c. DATE SIGNED

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Removal 24. FUNERAL DIRECTOR

ADDRESS

BP DHMH - 16 50M 1/76 (VR A 15 (4))

Anatomy Board

Balto., Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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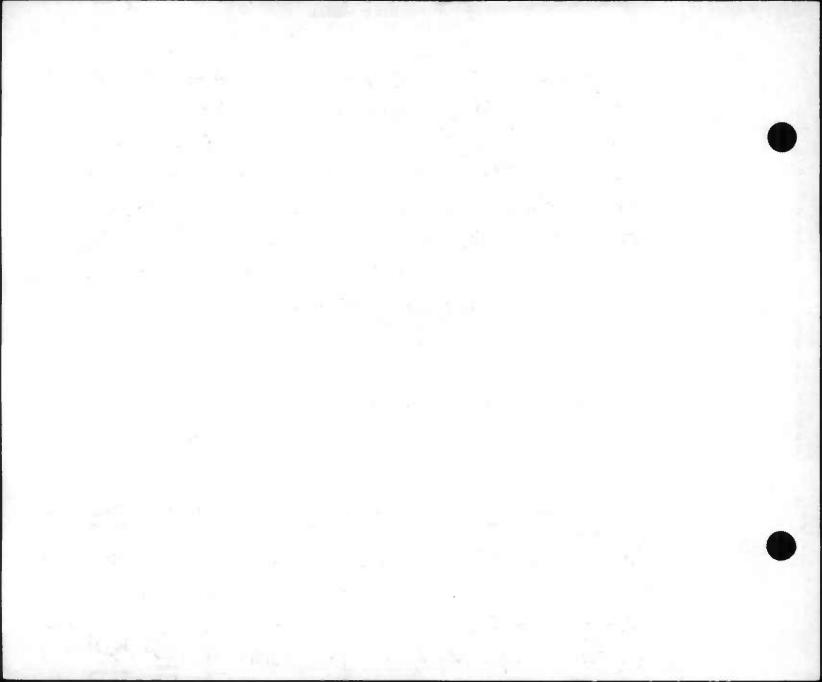
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	3	1.	STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		1 5 5 4
			CEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR 26 HOUR
by be oge 3 death			HHNA	7 (BORP	MAY	1 29 1980 5:40 M
ро н	1	3. SE	× ·—	1 RACE	5. DATE OF BIRTH	AGE (IN YEARS LASTINE	
ab (1)		7. 0	IRTHPLACE (STATE OR FOREIGN	W		70 70	YRS.
E 27	紀片		IRTHPLACE (STATE OR FOREIGN OUNTRY	76 CITIZEN OF WHAT COUNTI	MARRIED NEVER MARRIE	P H	OR COUNTY OF DEATH
	5 <u>-</u>	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION		ALIO, CO MD.
by th	notified		(ARMEY	(IF NOT THE SUCH FACILITY GIVE STI	TILLTOP DRIV	(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTRY
in 24 hou ly filled in should be	ed stable	USU 13e	AL RESIDENCE (IF MASSING HOME OF 136 COUL)	PTY / 13c. CITY OR TO	FORE ADMISSION) DWN 13d INSIDE CITY LIM HE9 YES NO	- G Y /	2 HILTON DRIVE
ed within mpletely ond 2 sh	30	14 F	ATHER'S NAME.	AIDDLE MC EST	15. MOTHER'S MAID	ELIZA BETT	Plast Repp
	medical		NAS DECEASED EVER IN U.S. AR/ YES, NO ORUNKHOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SE 214-14	CURYNO 17 INFORMANT	+4m.Ly	Records
ysicio opers	ot, the		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	ly one couse per line (01, (b),	and (ch)	X. (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertific ng ph sanp remo	ever			E CAUSE (D) COTO	nary sofery	1 Bocass	
oth c endir	motion		4149	DUE TO, OR AS A CONSEC	DUENCE OF		
ne de att	troc		Conditions, if ony, which gave rise to immediate	(b)			
- n 0 0	ar othe		couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEC	DUENCE OF		
equires in signe Then pl	injury.	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTINGS	O DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1(0)
A E d	s ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
N The landstron.	works	RTIF	21g ACCIDENT WAS UNDERLYING	The Committee	Tax	YES NO	YES NO
phys trifico trifico fol Hy	E 7		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	OCCURRED (ENTER NATURE OF INJU	RY IN ITEM TS PART 1 OR PART 2]
	or Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
atter the as the	orked	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC) STREET	CITY OR TO	WN COUNTY STATE
al or al or OR: A Heal	ž.		220.1 certify that (I) (this hospital	ol) attended the deceased from	CA	78.10	, 19 , that (I) (-) last
ATT lospit ECTC ed fo	E 21		sow the deceased alive on above, (1) (we) (d d) (did not 27) SIGNATURE		, one mor m (my reserve	pinion death occurred or the d	ate and hour and from the causes stated
	±		Marion C.K	orvalensu	DEGREE ATTEND PHYSIC	ING MEDICAL STA	FF CIAN 276, DATE SIGNED
O HOSPITAL efoined by th TO FUNERAL should be detr with the Stote	MPORTANT		MARION C.K	OWALE US /	128 ADDRESS	HARFURA	· RO
BP	4	23e E	BURIAL CREMATION, REMOVAL	23b. DATE/2/80 23	ARCEN OF		a Lo count Marary
DHMH-16 20		24_FL	NAME	d (ONDESS	D 5 / D / 25		256. REGIS LARIS SIGNATURE
(VRA 15, 4) 7	//B	1	-VANS TUNERAL	Shappel 8800	MARYORD MC	JUN 6 1980	

STATE OF MARYLAND



	1,	FOR		DEPART		E OF MARYLAND EALTH AND MENTA	L HYGI	ENE 8 ()	1	1 5	5	15
100	1	STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO). •			
	1. DE	CEASED NAME FIRE	ST	MIDDLE	l	AST		20 DATE OF DEATH MONTH DAY YEAR 2				UR
		Mich	nael	L.	В	owers			5 - 3	19 80		м
	3 SE	x	4 RACE		5 DATE C			6. AGE) IN YEARS LAST BIRT	HDAY)	MONTHS DAYS		R 24 HRS
	M	ale	Whi	te	12	18 191		69	YRS.	MOITING BATS		
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DD IE	NEVER MARRIE	1 BALTIMORE CITY OR COUNTY OF DEATH					
35	Ma	aryland	U.S	S.A.	WIDOWE		Baltimore County MD					
00	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSING HEACHTY, GWESTREET	ADDRESS)	OR OTHER INSTITUTIO	70	12a USUAL OCCUPATE TYPE OF WORK FOR MOST OF Welder		12b. KIND (INDUSTRY Bet	1	ess or Stee
90		AL RESIDENCE) IF NURSING H			RE ADMISSION)	134. INSIDE CITY LIM	1752	13n STREET ADDRESS				
55			Baltimore		VN	YES NO E		7236 St	atto	on Way		
		ATHER'S NAME				15. MOTHER'S MAID	-	Æ	.14.1-1-1	_		
30		Lloyd	MIDDLE	Bower		Wilhen	nia	WIDDLE		Aspel		
1)		.S. ARMED FORCES? es, GIVE WAR OR DATES)	166 SOCIAL SECT		17 INFORMANT		ADDRE	55723	6 Stra	itto	n Wa
1	No			213-09	<u>-1248</u>	Lena C.	Boy	wers	Bal	to. MI	21	224
		18 CAUSE OF DEATH (E	BETWEEN	XIMATE INTE	DEATH							
		IMM	6	7 m	100							
9		Conditions, if ony, whi gave rise to immedia cause (a), stating to underlying cause la	ich (b)	R AS A CONSEQU	- 4	pecure	4	7				
	Z O	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	Mo Para	DEATH BUT NOT RELATED TO THE TERM			MINAL DISEASE OR CONDITION GIVEN IN PA			(01	
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9		218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A	DE INJURY .M. MONTH D .M.	AY YEAR	21¢ HOW INJURY C	OCCURR	ED (ENTER NATURE OF INJUI	IY IN ITEM 18.	PART 1 OR PART 2)		
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		22a. certify that (I) (this saw the deceased of above (II)(we) (did) (•	ato 1	nd that if (my) (our) o	61 pinion d	eoth occurred on the de	ote and ha		, tha (1) e couses st	
9		226 SIGNATURE	MIL	1110	11		ING A	MEDICAL STAI	F IAN 🗌	5-	= SIGNED -19-	-80
		226. PHYSICIAN'S NEME	(TYPE OR PRINT)	0	/	22R ADDRESS		1				
1		Wyman K.	Wong, M.	D.	/	6730 Ho	labi	rd Ave., I	Dunda	alk, MD	212	222
	23a.	BURIAL, CREMATION, REM SPECIFY) Burial			/	emetery or crema	TORY	23d LOCATION CITY OF TOWN Baltimo		COUNTY		TATE
	24 F	UNERAL DIRECTOR Due						REC'D. BY REGISTRAR		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		-2104
M /79		7922 Wise			, MD	21222	MAY	2 1 1980	perg	my Mal	ready	,

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direstould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hou with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

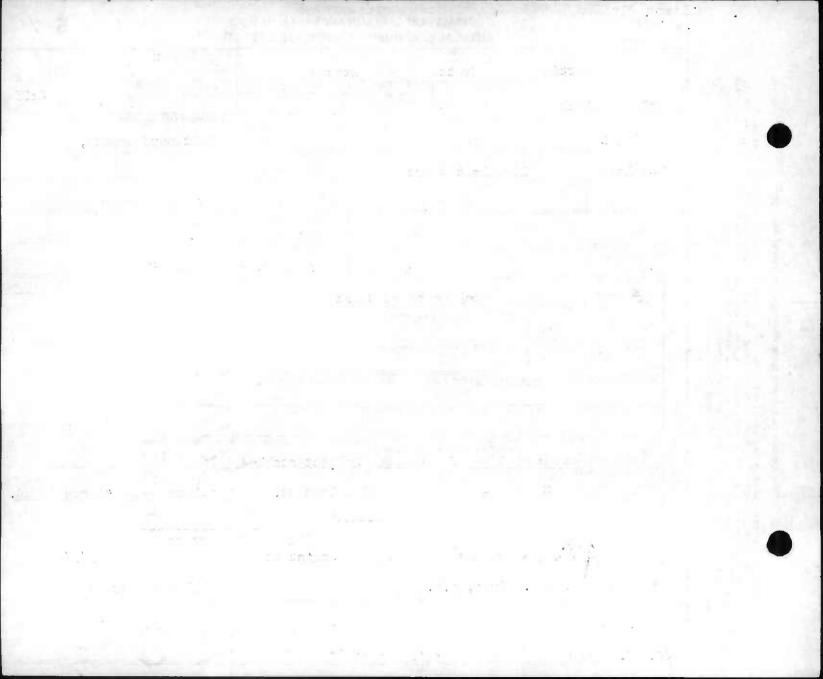
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the trained by the hospital or attending physician.

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for	1-	FOR STATE REGISTRAR	DEPARTI	AENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0).	1 5	5 6
	I. DEC	EASED NAME FIRST	WIDDIE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
tor, page after deatl	3 SE)		E BOWLING JR. RACE White	5 DATE	OF BIRTH	May 24 6. AGE (IN YEARS LAST BIRTH	MON	INDER I YEAR	F UNDER 24 HRS
death. Pag reral direc 72 hours		RTHPLACE (STATE OR FOREIGN MARY)	16. CITIZEN OF WHAT COUNTRY? U.S.A.		ED NEVER MARRIED	9 BALTIMORE CITY OF			, MD.
by the fur		ry or town of DEATH altimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hospital			Balti 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Fireman	INDUSTRY	BUSINESS OR	
E EE E	USUA 130 S Mo	L RESIDENCE (IF NURSING HOME OF TATE 131 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION	134. INSIDE CITY LIMITS? YES \(\big \text{NO} \text{\ti}\text{\tint{\texi{\text{\text{\tex{\texitex{\text{\ti}\text{\text{\text{\texi}\text{\texit{\t	130 STREET ADDRESS 2911 Dillor			9 92 120
executed within 24 and completely filled is 1 and 2 should be medical examiner	14. FA	Ther's NAME Thomas	Bowline		15 MOTHER'S MAIDEN NAME FIRST	ME MIDDLE L.		Murph	
be ag	160 W (Y	(AS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU 212-22-6		Thomas E. Bow 7400 Greenban	ling, IIÎ			1220
ATTENDING PHYSICIAN: The law requires that the death certificate ital or attending physician. ECTOR: After this certificate has been signed by the attending physiciar or use as the burial-transit permit. Then please remove carbon papers, por Health and Mental Hygiene prior to burial, cremation, or removal. m 21 is marked or Item 18 shows any injury, or other traumatic event,	THON	Canditions, if any, which gave rise to immediate couse (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	NCE OF			DITION GIVEN	8	
AN: The lan.	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATIO	21c HOW INJURY OCCUR	YES NO X	IN CERTIFYIN YES	G CAUSES	
ING PHYSICIAN: The ending physician. After this certificate ha the burial-transit pern and Mental Hygiene harked or frem 18 sho	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19 ARM, ETC.)	211 LOCATION STREET	CITY OR TOW		COUNTY	STATE
OR ATTENDI hospital or atte DIRECTOR: A red for use as t red to delth f Item 21 is m		220.1 certify that X (this hospi	tol) ottended the deceased from	~ ,	2 180	to May death occurred an the da	24, 19_ te ond haur an		hat X (we) last ouses stated
		27b. SIGNATURE Wh	ier			MEDICAL STAF		22c. DATE S	4-80
TO HOSPITAL retained by the TO FUNERAL should be detact with the State EIMPORTANT:			AREZ			ranklin Se	quare	Dr.	21237
BP_	23e. B	URIAL CREMATION, REMOVAL Burial			cemetery or crematory chedral Cemete	23d LOCATION city on town		JNTY	Md a
	24. FL	NERAL DIRECTOR	ews, 3021 Easter Baltimore.		25a. DAT	E REC'D. BY REGISTRAR 2 Y 2 8 1980	ISI RECISIDAR	hel	medy .

E BOREL & STARK.

W SVAREZ



FOR

- STATE

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

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ge 4 noy	3. SE	female	4 RACE Cau		S. DATE O	2 ^D AY	Ϋ́5	6. AGE JIN YEARS LAST BIRTH	YRS.	FUNDER 1 YEAR	IF UNDER 24 H
deoth. Po	0	RTHPLACE STATE OR FOREIGN DUNTRY) Maryland	U.S.A.		WIDOWE		ORCED [Baltimore city o	re Co	un ty	
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hin 24 hou ly filled in should be ter must be	13a. S	N		LITY OR TOWN				13. STREET ADDRESS LO	chRav	en Bl	.vd.
omplete		Hammond		.dgett			ttie	MIDOLE			air
be execu	()	VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GN	E WAR OR DATES)	7-46-9		E. Cor		e White82		och R	
the death certificate the attending physicic remove corbanpaper emotion, or removal.		Conditions, if ony, which gove rise to immediate couse (a), stating the		SIMI)	KIIC		m en	TIA STRIAND	me	APPROXI BETWEEN (MATE INTERVAL ONSET AND DEA
he low requires that on. has been signed by the please ene prior to buriol, cr ows ony injury, or oth	CERTIFICATION	PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION	(c)CONDITIONS CONTR					NAL DISEASE OR CONE 200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDIN	NGS USED
TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physicia TO FUNERAL DIRECTOR. After this certificate Ishould be detached for use as the buriol-transit with the State Dept. of Health and Mental Hygie MAPORTANT: If them 21 is marked or them 18 sha	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 218. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this hasp saw the decrosed alive or obove at we had did not	21e PLACE OF IN (AT HOME, STREET, FA itol) ottended the day of the body ofter	JURY CTORY, OFFICE, FAR	n, etc.)	d that in (my)	our) opinion o	to leath occurred on the do	Y IN ITEM 18, PAI	and from the	STATE that (I) (we) couses stated
DE BP	1	BURIAL, CREMATION, RIMOVAL SPECIFY) BUrial	1236. DATE			METERY OR C		23d LOCATION CHYORTOWN Baltimo:		ounty Md	STATE

William E. Johnson 8521 Loch Raven Blvd MAY 1

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO. 20. DATE OF DEATH MONTH

2h HOUR C10

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

, that (I) (we) lost

IF UNDER 24 HRS

250. DATE REC'D. BY REGISTRAR 256. POSISTRAR'S SIGNATURE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 my with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP_

DHMH-16 25M (VRA 15, 4) 1/79

1	FOR - STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	AL HYGIENE 8 U 1 5 5 5				
	ECEASED NAME FIRST	MIDDLE	LAST	2R DATE OF DEATH MONTH DAY YEAR 26. HOUR				
	Virgini	a. M	Broadbeck	5-21-80 7 A				
3 SE		4 RACE	5. DATE OF BIRTH	& AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR				
	Female	White	June 29. 188	100				
	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY?	1 BALTIMORE CITY OR COUNTY OF DEATH				
	Maryland	U.S.A.	WIDOWED TO DIVORCE	[Oll D T 11				
	city or town of death atonsuille	11. NAME OF HOSPITAL	I, NURSING HOME OR OTHER INSTITUTION GIVE STREET ADDRESS! URSING HOME					
USU 13R	UAL RESIDENCE IF NURSING HOME OF STATE Md. Ball	other institution, give resident	ence before admission) OR TOWN: 11 134 INSIDE CITY LIM ONSUILLE YES NO [NITS? 13e STREET ADDRESS				
14. F	FATHER'S NAME	MIDDLE	LAST 15. MOTHER'S MAID					
4	FIRST ?	Roc		$n \qquad A \qquad ?$				
16a	WAS DECEASED EVER IN U.S. AR	WAR OR DATES!	CIAL SECURITY NO. 17 INFORMANT (Catonsvilte, Md. 21228 erbert J. Derwart-114Regumo				
	Conditions, if ony, which	DUE TO, OR AS A CO	ONSEQUENCE OF LEVEL LE	· sardionoundar				
FICATION	gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CO	CONSEQUENCE OF	TE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
ERTIFICATION	gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CO	ONSEQUENCE OF TING TO DEATH BUT NOT RELATED TO THE COMMENT OF THE	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO				
AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (CAUTE OF OPERATION 1% DATE OF OPERATION 216, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CO	TING TO DEATH BUT NOT RELATED TO THE PRINCIPLE OF T	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
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	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (A) 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. 195 EITHER, NOTHY MEDICAL EXAMINER 210. INJURY OCCURRED WHILE ATWORK ATWORK 220 I certify that (I) (this hosp sow the deceased alive on obove, (I) (we) (did) (did not not be coused.)	DUE TO, OR AS A CO TEL CONDITIONS CONTRIBU 196 CONDITION FO 216 TIME OF INJURY HOUR A.M. MO P.M. 218 PLACE OF INJURY 1AT HOME, STREET, FACTO 101) offended the deceases 121 August the body offer deceases 122 August the body offer deceases 123 August the body offer deceases 124 August the body offer deceases 125 August the body offer deceases 126 August the body offer deceases 127 August the body offer deceases 128 August the body offer deceases 129 August the body offer deceases 130 August the body offer deceases 131 August the body offer deceases 132 August the body offer deceases 133 August the body offer deceases 134 August the body offer deceases 135 August the body offer deceases 135 August the body offer deceases 135 August the body offer deceases 136 August the body offer deceases 136 August the body offer deceases 136 August the body offer deceases 137 August the body offer deceases 137 August the body offer deceases 137 August the body offer deceases 138 August the bod	ONSEQUENCE OF TING TO DEATH BUT NOT RELATED TO THE PROPERTY OF THE PROPERTY O	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO FOR THE NOTIFE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE DIPINION deoth occurred an the date and hour and from the causes stoted 22c. DATE SIGNED DING MEDICAL STAFF				
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (CAUSE OF DELETION) 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELETIMER, NOTHY MEDICAL EXAMINER; 21d. INJURY OCCURRED WHILE NOTWHILE ATWORK ATWORK 22e I certify that (I) (this hosping sow the deceased alive on obove, (I) (swe) (did) (did not not obove).	DUE TO, OR AS A CO TEL CONDITIONS CONTRIBU 196 CONDITION FO 216 TIME OF INJURY HOUR A.M. MO P.M. 218 PLACE OF INJURY 1AT HOME, STREET, FACTO 101) offended the deceases 121 August the body offer deceases 122 August the body offer deceases 123 August the body offer deceases 124 August the body offer deceases 125 August the body offer deceases 126 August the body offer deceases 127 August the body offer deceases 128 August the body offer deceases 129 August the body offer deceases 130 August the body offer deceases 131 August the body offer deceases 132 August the body offer deceases 133 August the body offer deceases 134 August the body offer deceases 135 August the body offer deceases 135 August the body offer deceases 135 August the body offer deceases 136 August the body offer deceases 136 August the body offer deceases 136 August the body offer deceases 137 August the body offer deceases 137 August the body offer deceases 137 August the body offer deceases 138 August the bod	ONSEQUENCE OF TING TO DEATH BUT NOT RELATED TO THE PROPERTY OF THE PROPERTY O	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO				

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STATE OF MARYLAND

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BERTHAGE STATE CATORION STATE STATE CATORION TO COUNTY OF DEATH	I	3. SEX	4.	RACE		6. AGE (IN YEARS LAST BIRTHDAY)	
THE DIRECTOR DEATH COUNTRY ARREST NAME COUNTRY ARE STORY OF STATE ADDRESS OR THE COUNTRY OF STATE ADDRESS OR THE COUNTRY ARE STATE ADDRESS OR THE COUNTRY AND THE COUNTRY ADDRESS OR			Female	white		93 YRS	
The composition of the control of	Ì			. CITIZEN OF WHAT COUN	ITRY? 8.	9. BALTIMORE CITY OR COUN	ITY OF DEATH
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Reisterstown, Md. 21136

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
Elime Funeral Home

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and comparely filled in by the should be detached for use as the burial-transit permit. Then please remave carbonpoper. Four 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. MAPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be not the

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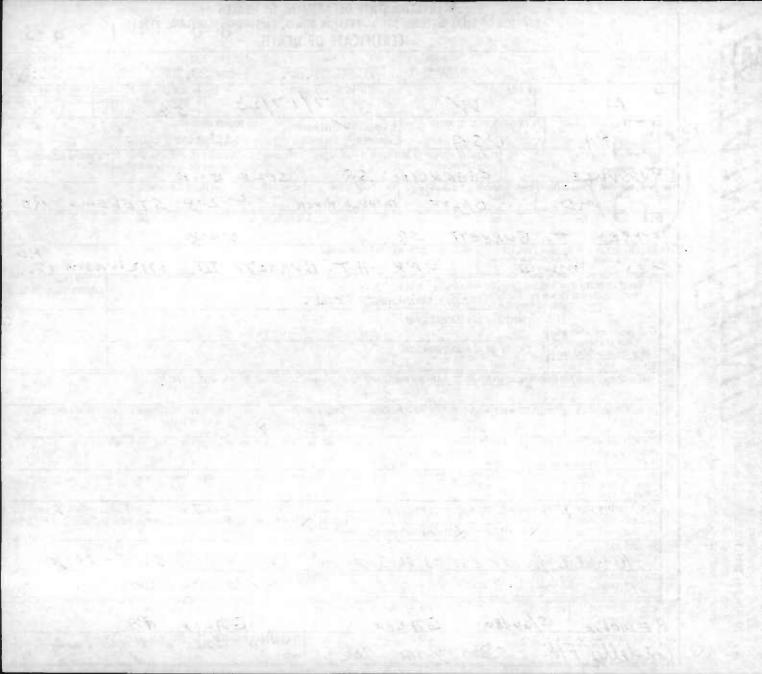
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Manager Committee band word food a common pales .uti . II Hower resident particles and recognite wealt-ALL STORY OF THE STAME AND APPLICATIONS OF THE STATE OF T

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR 10:20_M (Type or print) HARRY TATE BURKETT. Jr. May 23, 1980 Yeor 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. the death certificate be executed within 24 haurs after last birthday) MONTHS HOURS To. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED THEVER MARRIED Baltimore County WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH . NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during mast of working life, even if retired.) remove carban INDUSTRY ROSSVILLE FRANKLIE SELF EMP 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY MIDPLE RIVERYES 208 TEVENS 14. FATHER'S NAME physician and Lost 1S. MOTHER'S MAIDEN NAME First Last BURKETT SR UNK ease 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, ar unknawn) (If yes give war or dates of service) Q UMK HT. BURKETT 1712 W1650x 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardio-pulmonary Arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave requires that rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? use YES [O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR A.M. af (If either, natify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark 22a. I certify that () (this haspital) attended the deceased fram May 23 , 1980 , ta May 23 , 1980 , that (we) last saw the deceased alive an May 23 , 1980 , and that in (194) (aur) apinian death occurred on the date and haur and from the causes stated above, (We) (did) (did) (ot) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 5-23-80 mus MID DEGREE directar, page shauld be filed DIRECTOR 22d PHYSICIAN'S Ronald E. Thomas Franklin Square Drive 21237 NAME (Type) 23b. DATE 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) VR A15 (4)



		1	FOR			E OF MARYLAND BEALTH AND MENTAL HY	CIENT () ()				
3		1.	STATE REGISTRAR	b		ICATE OF DEATH	REG. NO.		5 6 4		
			CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH M	ONTH DAY YEAR	2h HOUR		
e 3			Barrier .	MARY	L. 3	URNS	May 15, 1	980	4:50 M		
473		3. SE	X	4 RACE	5 DATE (OF BIRTH	& AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	HOURS MIN		
BAI.	9	I	remale	White .	Jun	- 4	55	YRS	THOUSE MIT		
			RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	UNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH			
1 72	£35	2.0	ryland	U.S.A.	WIDOW		Baltimore	County	MD,		
	00 1	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		OR OTHER INSTITUTION	12e USUAL OCCUPATIO		OF BUSINESS OR		
	=55	Ra	indallstown			eral Hospital	Never Worl				
	E	USU 130	AL RESIDENCE (IF NURSING HOME STATE 13): CO	OR OTHER INSTITUTION, GIVE RESIDER		1134 INSIDE CITY LIMITS?	13a STREET ADDRESS				
	133		ryland		timore	YES NO		Itimore St.			
	dical exami		THER'S NAME			15. MOTHER'S MAIDEN NA	AME				
			George R. Bu	MIDDLE I	LAST	FIRST	MIDDLE	LA	ST		
	med		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCI	AL SECURITY NO	Alice 17 INFORMANT	ADDRES	S			
	1 Pe	(3.7	GIVE WAR OR DATES)	07 6509	I.I. W. D.					
			No			John W. Burn	s UIIZW.	Pratt Stre	XIMATE INTERVAL		
	event,		PART I. DEATH WAS CAU	only one cause per line for to SED BY.		0	5	BETWEEN	ONSET AND DEATH		
rer	natio		IMMEDI	IATE CAUSE (o)	anche 7	my morrow	dinin				
arbe	other trauma		2500	DUE TO, OR AS A CO	NSEQUENCE OF						
atio			Conditions, if any, which	(ıb)	3 enli	ce mia					
			gave rise to immediate cause (a), stating the	gave rise to immediate ause (a), stating the DUE TO, OR AS A CONSEQUENCE OF							
1	njury, or		underlying cause last.	(c)	O	i alula M	ellites.				
	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART 1	(a)			
	any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	NAL WAS DEBEORATED	200 AUTOPSY?	20h. IF YES, WERE FIND	INCS USED		
	Shows	5	178 DATE OF OPERATION	198 CONDITION FOR	WHICH OFERATIO	ON WAS PERFORMED		IN CERTIFYING CAUSE	S OF DEATH?		
100		E				Va	YES NO	YES [но 🗌		
	9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E		TH DAY YEAR	THE HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2]			
-	5	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		19				(5)		
ked	į,	9	216 INJURY OCCURRED	218 PLACE OF INJURY	OFFICE FARM FIC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
nark		3	AT WORK AT WORK	TAT HOME, STREET, FRETON	, 0,7,02,7,4,1,7,2,10,1						
	2		220 I certify that (I) (this has	spital) attended the deceased	d from A 1	19 56	10 may	15, 19 80	, that (I) (we) last		
	n 21			an 15, nat) view the bady after deat		nd that in (my) (aur) apinian	death occurred on the dat	e and hour and from the	couses stated		
	Iten	1	obove, (I) (we) (did ly did	nat) view the bady after deat	h.	DEGREE			E SIGNED		
	-	1	GL	Down man Co	1		MEDICAL STAFF	- 2/			
	Z		2 more	, ,	m, here		DIRECTOR PHYSICIA	AND 5-	12-80		
	IMPORTANT		224 PHYSICIAN'S NAME (TYPE	E OR PRINT)		22e ADDRESS					
	00		CHASSEM	POURMOT	ABBED	Balli. C	new Juliano	. Hornal	3		
	≥		BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c NAME OF	EMETERY OR CREMATORY	23d LOCATION		F7.77		
		F	urial	19 May 1980	Cedar I	dill Cemetery	Baltimore	, Maryland	STATE		
			UNERAL DIRECTOR			25e. DA	TE REC'D. BY REGISTRAR 2				
	5M 1/79	I	durgee Funeral	Home 3631 Fa	ils Rd.	21211 MA	Y 1 9 1980	perform seal	ready		
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	1-	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENES O	10.	1 5	6 5
	I. DE	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
		DONAL	D	C.	BURI	RILL	l	9	9 1900	NO:43+
	3. SE	Male	4 RACE Whi	te	S. DATE	ne 9°, 19°6°9	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN
109	C	RTHPLACE (STATE OR FOREIGN OUNTRY) W York	76 CITIZEN OF	what country?	MARRIE WIDOW	DIVORCED	9 BALTIMORE CITY OF	_		
58		TOWS ON	SAINT	JOSEPH I	HOSPIT	OR OTHER INSTITUTION	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST Plant Su	OF WORKING L	IFE) INDUSTRY	
35	130 S Ma			13c. CITY OR TOW	/N	13d. INSIDE CITY LIMITS? YES NO X	8516 Wi	llow	Oak R	oad
130		THER'S NAME Claude	MIDDLE H.	Burri	11	15 MOTHER'S MAIDEN NA Sylvi:	A. MIDDLE		Hint	.51
		VAS DECEASED EVER IN U.S. A res, no or unknown)	RMED FORCES?	166 SOCIAL SECU	JRITY NO. -483'	Martha S.	Burrill			Md. 21
		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost	DUE TO, O DUE TO, O DUE TO, O (b)	R AS A CONSEQU	ENCE OF S	- Settis	+			
	CERTIFICATION	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE	ES, WERE FIND	INGS USED
2	RTIFIC						YES NO	Y	IFYING CAUSE (ES []	NO [
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF L (IF EITHER, NOTIFY MEDICAL EXAMIN	ENIN	DFINJURY .m. month d .m.	AY YEAR	21c. HOW INJURY OCCUR	RED JENTER NATURE OF INJU	JRY IN ITEM 18,	, PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	JAT HOME, ST	OF INJURY REET, FACTORY, OFFICE.		21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
3				19	Marc 80 ,	nd that in (n) (our) opinion	to May deoth occurred on the c			
		22b. SIGNATION	uand	3		ATTENDING PHYSICIAN	MEDICAL STA		22c. DATI	SIGNED 9.80
1		22d. PHYSICAN'S NAME LITTE	HEMI		/		Road, Tows	on, M	D 21204	
	23a. E	Burial, CREMATION, REMOVA				and Mem. Pk	23d. LOCATION CITY OR TOWN	Co	Md.	STATE

Johnson 8521 Loch Raven Blvd

Mem.

Pk. Balto. Co. Md.

1250, DATE REC'D, BY REGISTRAR 256. REJ STRAR'S SIGNATURE

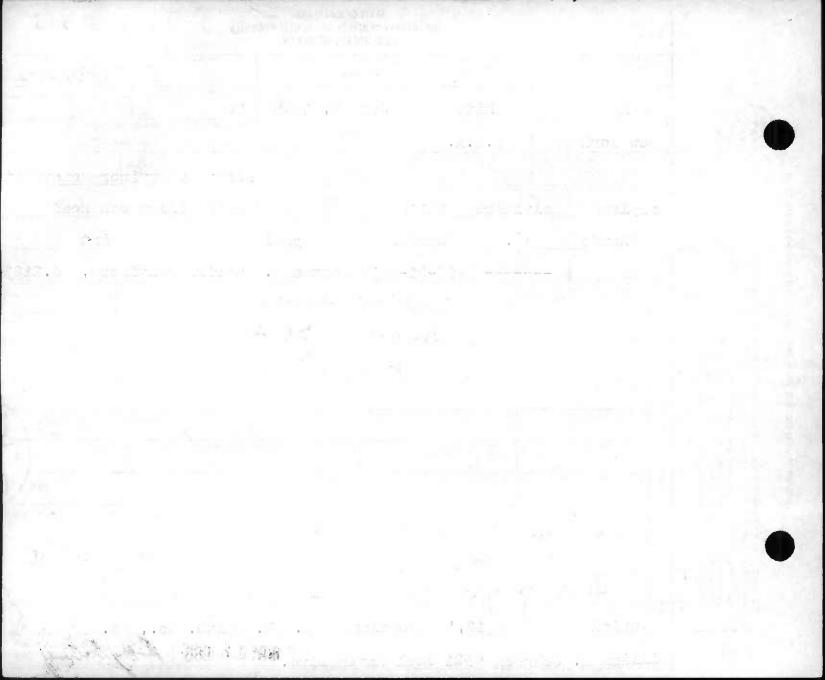
MAY 1 2 1980

retained by the hospital or ottending physicion.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR



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within 72 hours after

ald be filed

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR 2b. HOUR 8:35

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS HOURS

MD

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.			
DECEASED NAME FIRST YPE OR PRINT) Charle		TON	U	ASI	May 1, 198		YEAR	26. HOUR 8:35
SEX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)		UNDER I YEAR	IF UNDER 24 HI
MALE	WH:	ITE	Aug.	14°19221		YRS		HOURS MA
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	U.S.	what country?	MARRIED WIDOWE	D ANEVER MARRIED DO DIVORCED	Baltimore city or co Baltimore			
Balto.	LIF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESS	ROTHER INSTITUTION Hospital	Truck Driv	KING LIFE	12b. KIND O INDUSTRY	F BUSINESS
SUAL RESIDENCE (IF NURSING HOMEO STATE 136-COUL		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Balto	4 1	134 INSIDE CITY LIMITS?	13. street address 4621 Morav	ia I	Rd.	
Jefferson	WIDOLE	Burto	n	Margare	MIDDLE		Sp	ahn
WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) IF YES, GIV YES	MED FORCES?	217-16-		17 INFORMANT Lenetta Bu	arton (wife)	sar	ne ad	dress
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per ED BY TE CAUSE (a)	Cardiopu	lmona	ry arrest			MIWEEN	MATE INTERVAL ONSET AND DEA
410 - Conditions, if any, which	DUE TO, O	recentout	y&&ar	dial infarcti	on			
gave rise to immediate couse (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF					
PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN	IN PART 16) 1

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

WAS PERFORMED	20a AUTO	PSY?	206. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED
	YES 🗌	NO	YES 🗌	NO 🗌
21c HOW INJURY OCCURRED	ENTER NA	TURE OF INJURY	Y IN ITEM 18, PART 1 OR PART 2	1

216. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.

211 LOCATION STREET

CITY OR TOWN

COUNTY STATE

AT WORK 22s I certify that M. hospital attended the deceosed from

April 80

May

and that in (by) (aur) opinion death occurred on the date and have and from the causes stated

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED 5/1/80

224. PHYSICIAN'S NAME (THE OR PENT)

9000 Franklin Square Dr., 21237

230. BURIAL, CREMATION, REMOVAL (SPECKY) Burial

190 DATE OF OPERATION

21d INJURY OCCURRED

776 SIGNADURE

5/5 80

21e PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.

23c. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

DEGREE

23d LOCATION Balto.

COUNTY

Md.

DHMH-16 25M (VRA 15, 4) 1/79

ched for use as the burial-transit permit. The Dept. of Health and Mental Hygiene prior

should be detached for with the State Dept. of

TO FUNERAL

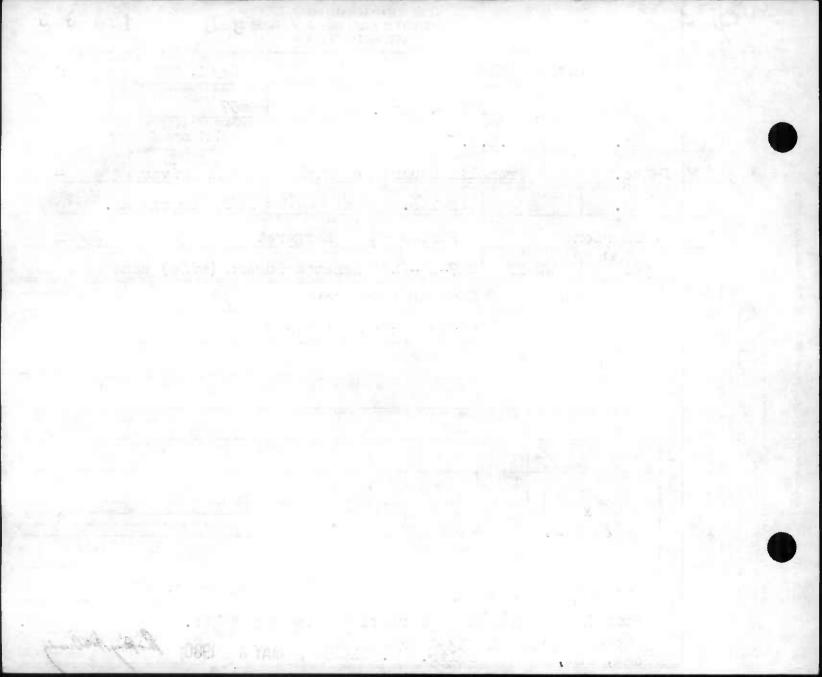
MPORTANT: If Item 21 is marked or Item 18

H FUNEAL DIRECTOR PUNEAL Home. Inc.

Balto.

1980 MAY 6

250 DATE REC'D. BY REGISTRAR 250. RECOSTRAR'S SIGNATU



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

an and completely filled in by the funeral dir Pages 1 and 2 should be filed within 72 hou

any injury, or other traumatic

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL H	YGIENES
CERTIFICATE OF DEATH	

	FOR		DEPARTA	AENT OF H	EALTH AND MENTAL HYGI	ENER ()		5	6 /
1 -	STATE REGISTRAR				ICATE OF DEATH	REG. N			
	CEASED NAME FIRST		MIDDLE		AST		MONTH DAY	YEAR	2b. HOUR
(TYPE	ORPRINT)		1	R.	Tall	-	5 21	80	7300
3. SE	X FUNT	4 RACE	<u></u>	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	(HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
F	Female	White		Dec.	30, 1883	96		NTHS DAYS	HOURS MIN
Ja Bi	RTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	1		9 BALTIMORE CITY O	R COUNTY O	FDEATH	
C	Marvland	U.S.	A	MARRIE	D NEVER MARRIED	Dol+im	- Co		440
10 CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ore Cou		OF BUSINESS OR
	Towson		CHEACHITY, GIVE STREET A		sing Home	Home Make		Own I	
ÜŚU	AL RESIDENCE IN NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				OWII	Tome
13a. S	Maryland Har	ford	Joppator		YES NO X	13r. STREET ADDRESS 511 Have	rhill '	Road	
14 FA	ATHER'S NAME			W 11	15 MOTHER'S MAIDEN NAM	AE	STHEFT	Moad	
	John George F	MODIE	Lips		Katherine	MIDDLE		Coy	
16a V	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS	COy.	
D	YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	218-32-62		Mrs. Jane Wan	del Same a	as #13.		
	18 CAUSE OF DEATH (Enter of	alu ane saure ne			Tikb. dane wan	der bane t	10 11 13 6	APPROX	MATE INTERVAL ONSET AND DEATH
E	PART I. DEATH WAS CAUSI	ED BY:	An lemos	ve On D	To Partie Vo	secular D	read	BETWEEN	ONSET AND DEATH
7	11500 MMEDIA	TE CAUSE (a)	80 000 90-	Core	co (way)				
	Canditians, if any, which	(R AS A CONSEQUE	NCE OF					
	gave rise to immediate	(b)							
1	cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF					
	PART 2 OTHER SIGNIFICANT	(c)	ONITRIBUTING TO S	NE A TIA BILIT	NOT BELLYED TO THE YEAR	NAME OF THE OWNER O	DITION CREE	I DADE I	
Z	PART 2 OTHER SIGNIFICANT	COMPINONS	ON KIBOTING TO L	ZEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART I	a.
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	70a AUTOPSY?	20h. IF YES, V		
IFIC		100				YES NO	IN CERTIFYIN		NO [
ER	21a. ACCIDENT WAS UNDERLYING	216. TIME C			21c HOW INJURY OCCURR				
	OR CONTRIBUTING CAUSE OF DE	ALT:	M. MONTH DA						
MEDICAL	214 INJURY OCCURRED	21e PLACE	M. OF INJURY	19	211 LOCATION				
M	WHILE AT WORK AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR TO	NA NA	COUNTY	STATE
	220.1 certify that (1) (this hosp	ntol) attended th	ne deceased from	ARRI	2 15 1068	10 MAY	24 10	80	that (1) (we) fast
	saw the deceased alive ar	MAY	15 1980	, 01	nd that in (my) (aur) apinian d	leath accurred an the d	ate and haur a	nd fram the	
	abave, (1) (we) (did) (did no 22b. SIGNATURE	at) view the bady	after death.		DEGREE	/		22c DATE	SIGNED
	Ch Varia	VIIII	2 m /	D	ATTENDING PHYSICIAN	MEDICAL STA		37-	27/80
	224 PHYSICIANS NAME ITHE	OR PRINT)			22e ADDRESS	DIRECTOR PATTOR	,1017	1/0	7/00
	Kevin Quinn,	мъ			1205 York R	ead Luther	rville,	Mary	land
23a 8	BURIAL, CREMATION, REMOVAL		23c N	IAME OF C	EMETERY OR CREMATORY	1234 LOCATION	. VIIIC,	Tidl y	
(SPECEY) Burial	May 28			Church Cemeter	CITY OR TOWN		timor	STATE P. Md.
24 FL	UNERAL DIRECTOR	play 20				REC'D. BY REGISTRAR			
	ck Towson Fune	ral Hom				AY 2 8 1980	prof	Tylk	Credy
M	LCK TOWSOII FUITE	Lai nom	-, 1110. 10	w 5011 5	110.821204				

DHMH-16 25M (VRA 15, 4) 1/79

should be detached for use as the burial transit permit. The with the State Dept. of Health and Mental Hygiene prior MPORTANT: If Item 21 is marked or Item 18 shows

TO FUNERAL DIRECTOR.

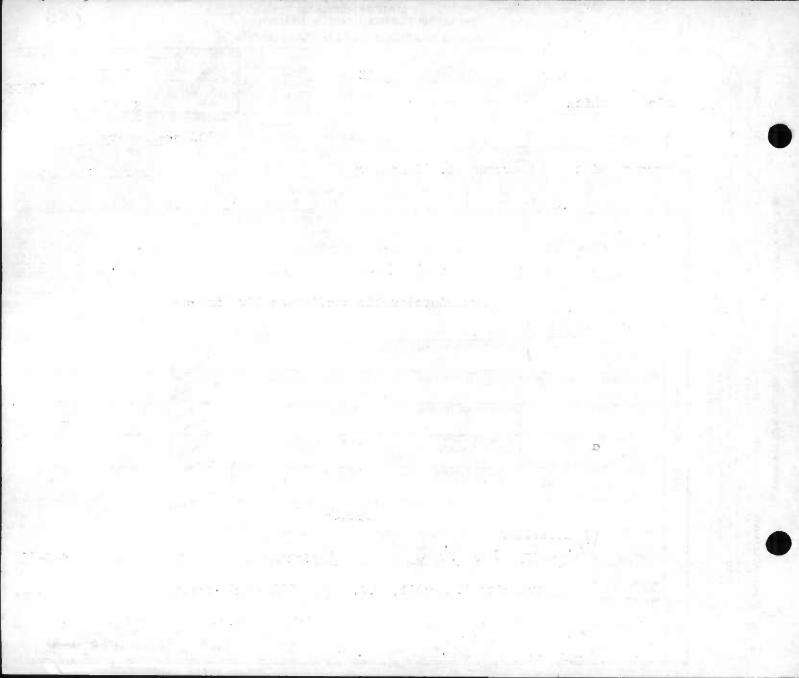
24 FUNERAL DIRECTOR

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STATE OF MARYLAND

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array spring	The state of the s
ST ST NO. WORKER ST. 1917 .	

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requires that the

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2	X	
/	-	

may be

and completely filled in by the funeral d ages 1 and 2 shauld be filed within 72 he

remove carbanpapers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

should be detached for use as the burial-transit permit. Then please remove carbanapage with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Item 18 shows any

medical

injury, ar other traumatic event, the

STATE OF MARYLAND

U		1	3	
	REG. NO.			

1 - STATE REGISTRA	ıR.		DEFARI		ICATE OF DEATH	REG. N	.O.		3
1. DECEASED NA	ME FIRST	/	MIDDLE	i.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(III C OKI KIII)	JAMES	5	W.	CAME	PBELL	MAY 9.	1980		1:50p M
3. SEX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY! IF UNDE		IF UNDER 24 HRS
Male		White		Feb.	. 13 ⁰ , 189 ⁹	81	YRS	DATS	MIN MIN
70. BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DE	ATH	
West Vi	rginia	USA		WIDOWE		BALTIMOR	E COUNTY		MD.
O CITY OR TOW		(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE JOSEPH	T ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Ball Co.	ION DE WORKING LIFE) INC Clerk	KIND OF USTRY Reti	red red
	CE (IF NURSING HOME OF	OTHER INSTITUTION		RE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
Maryla		timore	Woodla		YES NO D	9319 Dogw	ood Road		
14. FATHER'S NA					15 MOTHER'S MAIDEN NA.	ME MIDDLE		LAST	
Ned		MIDDLE	ampbell		Mildred	MIDDLE	Wilso		
	SED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		
(YES, NO OR UNI	(IF YES, GIV	E WAR OR DATES)	216-16-5	635	Gwenny C.Bevi	eridge, 931	9 Dogwood	Rd.	21207
PART 2. O		(c)	r as a conseou		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN	PART 1(a)	
THE OPTE O	OF OPERATION	196 COND	ITION FOR WHICI	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERIN CERTIFYING		
OR CONTRIB	INT WAS UNDERLYING DUTING CAUSE OF DE HOTHEY MEDICAL EXAMINER Y OCCURRED NOT WHILE CAUSE P. 21e PLACE	m. month [m.	19	216 HOW INJURY OCCUR 216 LOCATION STREET	RED (ENTER NATURE OF INJU CITY OR TO		PART 2)	STATE	
22a. I certi sow 1 obave 22b. SIGN	fy that all (this hasp he deceased alive br (A) (we) (did) (did)	May 9	atter death. 198	30, or	25 , 19 80 and that in (N) (our) opinion DEGREE ATTENDING PHYSICIAN ([death occurred on the confidence of the confiden	late and hour and f		
230. BURIAL, CRE (SPECIFY) Cre	mation, REMOVAL	23b DATE 5/12/			emetery or crematory	23d. LOCATION CITY OR TOWN	count		STATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

DHMH - 16 50M 1/76 (VR A 15 (4))

Dn 5/12/80 Westview Cmematory Catonsville 1630 Edmondson Ave., Catonsville, Md²⁵⁰ Date REC'D. By REGISTRAR 135 December 1630 Edmondson Ave. 24. FUNERAL DIRECTOR 1980 Witzke Funeral Home of Catonsville, P.A

TYLAND BE	White	what country? A. HOSPITAL, NURSING HEACHINY, GIVE STREET A LIN CITY OR TOWN DUNCAL LAST LUGAT 146 SOCIAL SECUL 215 -18-	widowed G HOME OF ADDRESS) are I ADMISSION) C	BIRTH 7,01896 EAR DEVER MARRIED OTHER INSTITUTION FORDITAL BALLING IN LIMITS? YES NO K S MOTHER'S MAIDEN NAM MATY 17 INFORMANT	AGE IN YEARS LAST BATH 83 9 BALTIMORE CITY OF BATTIMON 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE AMDDLE ADDRESS ADDRESS ADDRESS	YRS. R COUNTY OF THE COUNTY O	DEATH TY DEATH TY 12b. KIND OF	
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OR CONTRIBUTING CAUSE	SE OF DEATH HOUR A.I	M. MONTH DA M.	YEAR		ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
	AT HOME, STR		ARM, ETC)	STREET	CITY OR TOW	N	COUNTY	STATE
220 I certify that K (this			80_, one	that in ((aur) apinian a	eath occurred an the da		nd from the c	SIGNED
		w		PHYSICIAN [DIRECTOR PHYSIC	IAN []	237	20-8
	MOVAL 23h DATE				Baltime	ore, M	aryla	and
21 21 22 22	RECONTRIBUTING CAU FETHER, NOTEY MEDICAL E HE LINER, NOTEY MEDICAL E WHILE NOTEY MEDICAL E NOTE WHILE NOTEY MEDICAL NOTE WHILE NOTEY MEDICAL NOTE WHILE NOTEY MEDICAL NOTEY MILE NOTEY MEDICAL PHYSICIAN'S NAM Felipe RIAL CREMATION RE	HOUR A. IF EITHER, NOTIFY MEDICAL EXAMINER) RETHER, NOTIFY MEDICAL EXAMINER) RETHER, NOTIFY MEDICAL EXAMINER) RETHER, NOTIFY MEDICAL EXAMINER) RETHER, NOTIFY MEDICAL EXAMINER RETHER OF THE PROPERTY OF THE PRINTY OF THE PRINT	TRECONTRIBUTING CAUSE OF DEATH IF ETHER, NOTIFY MEDICAL EXAMINER) IF ETHER, NOTIFY MEDICAL EXAMINER) IS INJURY OCCURRED INJURY OCCURRED INTURE NOT WHILE AT WORK INTURE SOW the deceased alive on May 20 STORY, OFFICE, F AND ATTURE THE DESCRIPTION OFFICE OF PRINT) Felipe Rubio RIAL, CREMATION, REMOVAL 23b. DATE 23c. N	HOUR A.M. MONTH DAY YEAR IF EITHER, NOTIFY MEDICAL EXAMINER) HOUR A.M. MONTH DAY YEAR IF EITHER, NOTIFY MEDICAL EXAMINER) HILL HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 10. I certify that (I (this hospital) attended the deceased from May 20 saw the deceased alive on May 20 saw the deceased from May 20 saw the deceased alive on May 20 saw the deceased from May 20 s	HOUR A.M. MONTH DAY YEAR P.M. 19 If EITHER, NOTIFY MEDICAL EXAMINER) IF EITHER, NOTIFY MEDICAL EXAMINER) IF EITHER, NOTIFY MEDICAL EXAMINER) IF ITHER, NOTIFY MEDICAL EXAMINER) IN IN UNITY DAY OF INJURY IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) IN I CERTIFY that M (this hospital) attended the deceased from May 15, 19, 80 saw the deceased alive on May 20, and that in (My) (aur) apinion of above, ML (we) (did) (did bat) view the bady offer death. IN SIGNATURE DEGREE ATTENDING PHYSICIAN DEG	RECIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	216. TIME OF INJURY 216. HOW INJURY OCCURRED 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 19 19 19 19 19 19 1	R. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 P

BALTO., MD 21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

1980

MD

DHMH-16 25M

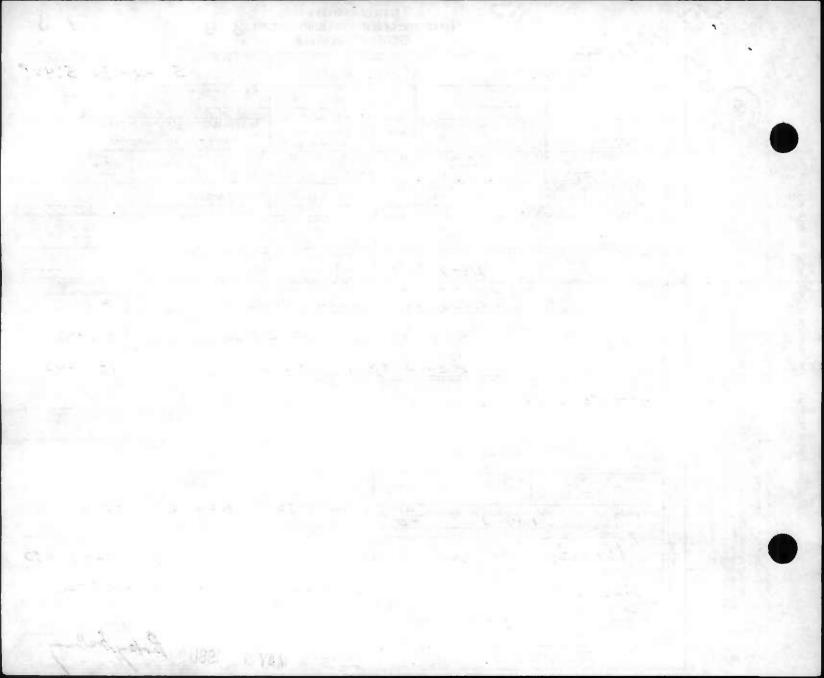
(VRA 15, 4) 1/79

6010 REISTERSTOWN RD.

FOR

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- STATE



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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17LAND 21201	thin 24 hours ofter death. Pone 4 mov be
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1 -	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENB U	D.	3 /	4
I. DE	CEASED NAME FIRST	WIDDLE		LAST	2e. DATE OF DEATH	MONTH DAY	YEAR 2b. I	HOUR
	Mary	T.	Car	deana	May 3 198	80	9	: 55A M
3. SE		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT)	HDAY) IF UNDE		INDER 24 HRS
	Female	White		30, 1918	61	YRS.	DAYS HOU	URS MIN.
7a. B!	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O		EATH	
	Maryland	U.S.A.	WIDOWI		Baltimor	e Counts	7	MD.
_	ITY OR TOWN OF DEATH		L, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATIO	ON 12b	KIND OF BU	
	Towson		phs Hospi	tal	Housewi		JUSTRY	
JUSU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESID	ENCE BEFORE ADMISSION)					
	laryland		ltimore	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 2408 Kent	ncku Ave	·	
	ATHER'S NAME			15 MOTHER'S MAIDEN NA	AME	acag Ave		
	Thomas	J Morr	i G	FIRST Maru	MIDDLE	Hessio	LAST	
16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SO	TAL SECURITY NO.	17 INFORMANT	ADDRE		11	
(,	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 279	-03-2015	Peter A Care	deana	Same		
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	gove rise to immediate			<u> </u>			0	
	couse 101, stating the underlying couse lost	DUE TO, OR AS A C	ONSEQUENCE OF	reputition		L	unknow	พท
. 4	PART 2 OTHER SIGNIFICANT	(c)		NOT RELATED TO THE TERM	MINAL DISEASE OR CONF	DITION GIVEN IN	PART I/o	
NO.				TO THE PROPERTY OF THE PERTY OF	THE DIDENCE OF COTTE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
MEDICAL CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER		
F					YES NO	IN CERTIFYING		DEATH?
CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR				
AL C	OR CONTRIBUTING CAUSE OF DE							
DIC	21d. INJURY OCCURRED	21e PLACE OF INJUI		211 LOCATION				
W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO	RY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N COL	UNTY	STATE
	220.1 certify that (I) (this hosp	ital) attended the decease	ed from	1/2 1080	to 5	/3 10 8	O that	(Weblost
	sow the deceased alive or above, (k (we) (blid) (did no	// / 7	2/2	nd that in (my (our) ppinion	death occurred on the do	te and hour and f	rom the cous	
-	22b. SIGNATURE	ot) view the body ofter dec	otn.	DEGREE		12	2c. DATE SIGN	NED
	15an	u Li Koso	n 140I	ATTENDING PHYSICIAN	MEDICAL STAF	F _ / .	5-3.	-80
	22d. PHYSICIAN S, NAME (1916)	ON MAINTE		22e ADDRESS	DIKECTOK PHISIC	IAN LA		0 0
	KAR	EV L. Ros.	CAL		uuu dabuu			
220 5	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	Road Towso	n, Mary	and	21204
230. t	SPECIFY Burial	5/7/80			CITY OR TOWN	COUNT		STATE
_	UNERAL DIRECTOR	3/1/00	ноту	Redeemer 25g DA	Baltimo TE REC'D. BY REGISTRAR			
1	NAME		DDRESS	MA	NV P	Lista	Ann D	
	Leonard J	Ruck Inc.	Baltimore,	Maryland	47 5 1980	and bearing)	N. G. Child	dy

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner may be notified at once.

DHMH - 16 50M 1/76 (VR A 15 (4))

MATERIAL LANGUAGES

UDGE ELLING

Various Company

may be

executed within 24 hours af

The law requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physician.

*	1.	FOR STATE REGISTRAR			DE	PARTA		IEALTH AND MENTAL HYC	SIENE B	REG.	NO		Ü	1 3
		CEASED NAME	FIRST		MIDDLE			LAST	20 DATE	OF DEATH		DAY	YEAR	2b. HOUR
	TYPE	OR PRINT)	WILL	IE	W.		CARE	EY	M	AY	5	15	180	12:104
6	3 SE	x	4	RACE			5 DATE	OF BIRTH	6 AGE	IN YEARS LAST E	BIRTHDAY)		UNDER I YEAR	IF UNDER 24 HRS
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₩3	C	RTHPLACE (STATE OR POUNTRY) VIRGINIA	OREIGN 76	CITIZEN OF	WHAT COU	INTRY?	MARRIE WIDOWI	NEVER MARRIED		MORE CITY	OR COU	INTYO		MD.
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e me		VAS DECEASED EVER	IN U.S. ARME		166 SOCIA			17 INFORMANT			RESS			
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even		PART I. DEATH V	M (Enter only	one cause pe				Y ARREST					APPROXI	MATE INTERVAL ONSET AND DEATH
iny injury, or other trau	NOI	Canditions, if any gave rise to im- cause 101, stati underlying cause	mediate ng the e last	(b) DUE TO, C	OR AS A CON	NSEQUE	NCE OF	THE LUNG	AINAL DISE	EASE OR CO	NOITION	GNEN	IN PART 10	ם ז
8 shows	CERTIFICATION	190 DATE OF OPERA	NOIT	196 COND	OITION FOR	WHICH	OPERATIO	N WAS PERFORMED	20e A	UTOPSY?	IN CE			OF DEATH?
or Item 1		218. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH		OF INJURY .M. MON' .M.	TH DA	YEAR	21¢ HOW INJURY OCCUR	RED (ENTE	R NATURE OF IN	JURY IN ITEM	A 18, PART	1 OR PART 2)	
marked	MEDICAL		HILE	I AT HOME, ST	OF INJURY			211 LOCATION STREET		CITY OR T	OWN		COUNTY	SPATE
em 21 is		22a.1 certify that (I saw the deceas above, (I) (we) ((this haspital ed alive on did) (did not).	ottended 15	he deceased alter death	19_{1.	- 1	nd that in (my) (aur) apinian	death acci	5-15 urred on the	date and	, 19. I hour ar	nd from the	
TNT: If It		226. SIGNATURE	1/	15				DEGREE ATTENDING PHYSICIAN [MEDIC DIRECT	AL ST OR PHYS	TAFF SICIAN D	X	5-1	5-80
IMPORTANT		22d. PHYSICIAN'S N	JIS PO		н, м			GBMC-6701	N. (CHARL	ES S	ST.		
-	23a (BURIAL, CREMATION		23b. DATE	10 -			EMETERY OR CREMATORY	CI	OCATION ITY OR TOWN			UNTY	STATE
-		BURIAI	3	05/19	9/80	WE	STVI	EW MEM. PK.		ALTIM			LTO.	MD.
25M 1/79		BURTAT UNERAL DIRECTOR RSHALL W		05/19 S JR/				25e. DAT		ALII IM BY REGISTRA 9 198			P'S SIGNAT	

STATE OF MARYLAND

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INTIMORE COUNTY

TOWSON GBMC-6701 W. CHARLES ST.

PERPENDENT ARREST
CANCER OF THE LUNG

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LUIS PELLACCHI, M.B. - GBMC-6701 M. CHARLES ST.

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IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE A

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1-	STATE REGISTRAR		CERT	IFICATE OF DEATH	REG. NO			
1. DEC	CEASED NAME FIRST OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH	AONTH DAY	YEAR	2b. HOUR
(IIIre	Anasta	asia	Carn	eal		5 31	80	12:38 PM
3. SEX	(4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTH	IDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	Female	White	MON	4 15 1891	89		DATS	HOURS MIN
7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8		9. BALTIMORE CITY OF	COUNTY OF	DEATH	
, cc	Marvland	USA		NED NEVER MARRIED WED TO DIVORCED	Baltimon	e Count	y	MD.
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME	OR OTHER INSTITUTION	170 USUAL OCCUPATION	ON 12		OF BUSINESS OR
	Catonsville	Little S:	sters of		House wife	WORKING LIFE)	NDUSTRY	
13a. S	AL RESIDENCE HE NURSING HOME STATE 136. COL aryland	JNTY 13c. C	SIDENCE BEFORE ADMISSION ITY OR TOWN altimore	N) 13d. INSIDE CITY LIMITS? YES K NO [13e. STREET ADDRESS 3103 Mare	co Avent	ue	
14. FA	THER'S NAME	MIDDLE T	ouhv	15. MOTHER'S MAIDEN NA FIRST Anna	ME MIDDLE	St	ılliñ	sı 7an
1	James VAS DECEASED EVER IN U.S. A		OCIAL SECURITY NO		ADDRE	SS		
100 V	YES, NO OR UNKNOWN) I IF YES, G	IVE WAR OR DATES)		0 7 1	e 601 Maid	en Choi	ce La	ane
	no		14 - 76-9568	DI. Tadilik	001 1141			(MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A	CONSEQUENCE OF	weer sen	winal disease or cont	on C	N PART 1	(o)
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSE:	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (LIF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M.	JRY AONTH DAY YEA		RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN. LAT HOME, STREET, FA	JURY CTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	/N C	COUNTY	STATE
	22a.1 certify that (1) (this hose sow the deceased alive above, (1) (we) (did) (did	00 5. 20	19 40	ond that in (my) (our) opinion	to, to 1 deoth occurred an the de		d from the	
	22b. SIGNATURE	ey Comme	Stel		MEDICAL STAI		6 .	2.PO
	220. PHYSICIAN'S NAME (TYP)		25	10/Mara	leu Choi	el La,	Bol	B 21229
	BURIAL, CREMATION, REMOV ISPECIFY) Burial	23b. DATE 06-03-80		f CEMETERY OR CREMATORY 1y Redeemer Co	em. Baltimo	re City		aryland

BP. DHMH - 16 25M

retained by the hospital

(VR A 15 (4)) 9/74

74 FUNERAL DIRECTOR 21229

Hubbard Funeral Home, Inc, 4107 Wilkens Ave.

21229

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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		Jame:	s R.	(Cavin	5	29 80 12	2:20P
	3 SE		4 RACE	5 DATE O		& AGE (IN YEARS LAST BIRTHDAY)		JNDER 24 H
		Male	White	Jan	4, 1931	49 yrs		
55	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	U.S.A.	MARRIED WIDOWE	NEVER MARRIED	Baltimore Count		
56		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE G. B. M. C	ET ADDRESS]	R OTHER INSTITUTION	12n USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Programer	12b. KIND OF BU	
35	USU.	TATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 136 CITY OR TOTAL	WN I	131. INSIDE CITY LIMITS?	13r STREET ADDRESS 1 W. 8th Av	e	
	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM		LAST	
20		Charles	H. Cavir	1	Effie		Johnson	
7		VAS DECEASED EVER IN U.S. A	EVE WAR OR DATES!	URITY NO.	17 INFORMANT	ADDRESS	14	
1		YES Ko:	rea 214 26	1239	Shirley Ca	avin same as	13 E	
		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE TO OR AS A CONSEQ	UENCE OF				
7	CERTIFICATION	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO			20a AUTOPSY? 20h. IF Y	GIVEN IN PART 1(0) VES, WERE FINDINGS TIFYING CAUSES OF	
9	RTIF					YES NO 🔀	YES N	10 🗆
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DEATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER HATURE OF INJURY IN ITEM)	8, PART 1 OR PART 2]	
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21st PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
5			outal) attended the deceased from	5/2	7 19 80	to 5/29	10 80 that	(1) (we)
II m 71 is marked	_		TION ION	, on	id that in (my) (our) opinion (death occurred on the date and h	our and from the caus	
	100	say the decrosed alive obove. (1) type I did used	on 5/29/80 19 neat view the body offer death.	, on	d that in (my) (our) opinion of the company of the	MEDICAL STAFF	, . ,	NED
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DIVISION OF VITAL RECORDS,

	1.	FOR - STATE REGISTRAR	DEPART	MENT OF	HEALTH AND MENTAL HYG FICATE OF DEATH	IENES O REG. NO.	1 5 7 8
75		CEASED NAME FIRST E OR PRINT)	WIDDLE	C	errito	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
VI)	3. SE	x /	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
17		Male	White	12	13 1904	75 YRS.	
10 PG	Jo. B	IRTHPLACE (STATE OR FOREIGN)	76 CITIZEN OF WHAT COUNTRY?	8. MARRI	ED MEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
37 62	10.6	Maryland ITY OR TOWN OF DEATH	USA	WIDOW		Baltimore C) M
11 10	10. C		11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET)	T ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OF INDUSTRY
H PA	USU	TOWSON AL RESIDENCE (IF NURSING HOME OR C	St. Josephs Hosp	ital	Δ	Civil Engineer	U.S. Gov't
PA 10/	13a	STATE 136 COUN	TY 13c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
10 127		arvland Harfo	rd Aberdee	n	YES NO S	3710 Churchvill	e Road
ond 2		FIRST	AIDDLE LAST		FIRST	WIDDLE	EAST
wo / So	160 \	Joseph Cerrito WAS DECEASED EVER IN U.S. ARA		IDITY NO	Unknown	ADDRESS	
s. Poges	{	yes, no or unknown) (IF yes, give	212-03-8		Evelyn P.Cerr	ADDRESS Aberdeen rito, 3710 Church	Md. 21001 ville Rd. XXXXX
physicion onpopers. emovol. event, the			y one couse per line for (a), (b), or BBY: E CAUSE (a)	nd (c).	D		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		41000	DUE TO, OR AS A CONSEQU	ENCE OF		and a state of the	
ottendin nove corb otion, or r rroumotic		Conditions, if any, which	(b)				
se rem crem		gove rise to immediate couse (01, stating the underlying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF			
signed to hen pleo to buriol, njury, or o	Z	PART 2. OTHER SIGNIFICANT CO		DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 1(a)
hos been t permit. I ene prior ows ony it	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
riol-tronsit		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18,	
s the burner wed or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
eoliti mo		22a.1 certify that (I) (this hospita	ol) ottended the deceosed from.		, 19	, to	19, that (I) (we) last
for to of H		saw the deceased alive on obove (I) (we) (did),(did not	yiew the body ofter death	, o	and that in (my) (our) opinion o	deoth accurred on the date and ha	ur and from the couses stated
ERAL DIRECT of detached Stote Dept.		22b. SIGNATURE	Ach Z	m	DEGREE FOR. D	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢. DATE SIGNED
FUN uld b of the		224 PHYSICIAN'S NAME (TYPE OF	SHUENN	FM AN	22e. ADDRESS # 68	15 Towson	110 21204
Of of w	23a. E	BURIAL, CREMATION, REMOVAL		NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	101
	(Burial	8 May 1980 Ha	rford	Mem.Gardens	Aberdeen R.D.	Harford Marylan
50M7/77		UNERAL DIRECTOR	AODRESS		25a. DATE	REC'D. BY REGISTRAR 256. REQ18	TRAR'S SIGNATURE
15 (4))	lar	ring Funeral Ho	me, P.A., Aberdee	n, Md.	21001	AY 1 3 1980 M	

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STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after diminate the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbon pages, Pages 1 and 2 should be filed within 7.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after diminated by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnity should be detached for use as the burial-transit permit. Then please remove carbon papers. Places I and 2 should be filled within 70 FU
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30	4 FATHER'S		MIDDLE	Robert	son	15. MOTHER'S MAIDER FIRST Anna		WIDDLE		Dig	gs		
1		CEASED EVER IN U.S. AR RUNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	219-26-		17 INFORMANT M: 4410 Wine	r. Ge dy Hi	orge^L	Chis Rand	dallst	Jr OWN	, M	
	PART	OTHER SIGNIFICANT (NOT RELATED TO THE		DISEASE OR CON	20b. IF YES,	WERE FINDING CAUSES	IGS USE		
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ľ	(SPECIFY)	cremation, removal Burial	5/6/	80 C	okesk	emetery or cremate oury Cem.	A	LOCATION CITY OR TOWN bingdor			M	ATE D	
M /79	8728	DIRECTOR LOTIN Liberty R	g Byer d., Ra	s Funera ndallsto	al Di own,	rectors /50 MD 21133	MAY 6	D. BY REGISTRAR	25h RESISTE	AR'S SIGNAT	URE	,	

Elletin F. Chisophara Serving

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	death.
MARYLAND 21201	ited within 24 hours after
IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	e death certificate be execu
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DIVISION OF VITAL	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death ital or attending physician.

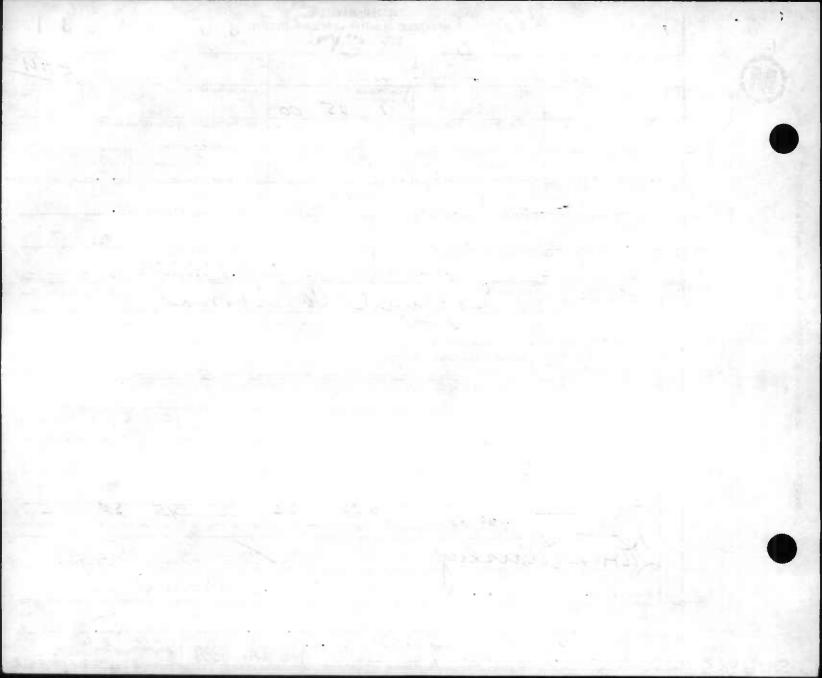
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once

STATE OF MARYLAND

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1 -	STATE REGISTRAR			DEPARIM		ICATE OF	DEATH	IENE Q	REG. NO).	1	3	0	1
	CEASED NAME	FIRST	A	AIDDLE		LAST		20 DATE OF	DEATH	HTMOM	DAY YEA	UR :	h. HOUR	-11
(ITPE	OR PRINT)	Charle	S	Stevenson	CZ	lark				5 5	5 1980		5	M
3. SE	(4 RACE		5. DATE C			6. AGE IN YEA	RS LAST BIRTI	HDAY)	IF UNDER 1		IF UNDER 24	-
	Male		Wh	ite	MONTI	25	YEAR OO	80		YRS.	MONTHS D	AYS	HOURS	MIN.
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C	DUNTRY)		USA		WIDOW		MARRIED		Itimo		Co			MD.
10 CI	TY OR TOWN OF	DEATH	II. NAME OF	OSPITAL, NURSIN	G HOME O		700	17a USUAL O	CCUPATI	ON			BUSINES	
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130. 5	STATE	136 COUN		13c. CITY OR TOW			CITY LIMITS?	13e STREET A		-+	1000			
14 54	MD THER'S NAME	Balt	imore	Anneslie		YES	S MAIDEN NA		Rege	ster	Ave.			
14. FA	FIRST		NODLE	LAST			FIRST		MIDDLE			LAST		
		mes		Clark			mie		ADDRE	E C	Wyn	n		
	VAS DECEASED E res, no or unknown		WAR OR DATES)	166 SOCIAL SECU		17 INFORM	Mrs. Turnbul	Caroly	in Co	tline	S	147	011	77
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	OR CONTRIBUTING	CAUSE OF DEA	110110 4	M. MONTH DA				,						
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23a. 8	BURIAL, CREMATI	ON, REMOVAL	236. DATE	23c. N	AME OF	EMETERY OR	CREMATORY	23d. LOCA CITY OR	TION		COUNTY		STAT	E
,		RIAL	5/8/8	O Dut	laney	Valler	Mem. C	ids. Cod	ckeys	vill	e Balt		MD)
24 FI	UNERAL DIRECTO	R Loring	Byers	Funeral L	rect	tors, I	A. 250. DAT	E REC'D. BY RE	GISTRAR	25b. BE 131	STRAR'S SI	NATI	RE	
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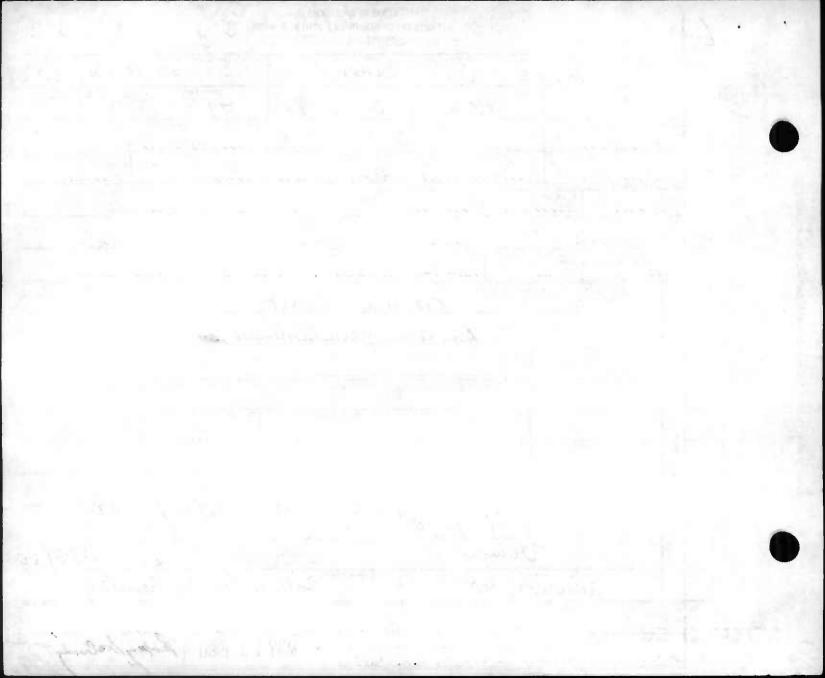
ATTENDING PHYSICIAN: The law ital or attending physician.

TO HOSPITAL

DHMH-16 25M (VRA 15, 4) 1/79

5	I - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYC ICATE OF DEATH	REG. N	0.	1 5 8	3
	DECEASED NAME TYPE OR PRINT)	PRST PRVING - E	middle Briggs		ARK.	20 DATE OF DEATH	S /	1 45	3
3.	SEX 14.	4 RACE	While	5 DATE C		6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR IF UNDITHS DAYS HOU	_
S N	BIRTHPLACE (STATE OR FO COUNTRY) Massachusetts	usa usa	WHAT COUNTRY?	WIDOWE		Baltimore City of Baltimore	_		
55 I	city or town of DEA Randalls town	Baltimo	ore County	ADDRESS) Gene	rat Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired		12h KIND OF BUS INDUSTRY Salesman	
1:	usual residence (# nursi 30 state Mary Land	ng home brother institution 13b COUNTY Baltimore	GIVE RESIDENCE BEFORE 134. CITY OR TOW Pikesvil	N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 816 Judy	Lane .	21208	
\$23c	FATHER'S NAME Frederich		Clark		Gertrude	WIDDLE		Briggs	
it, the me	WAS DECEASED EVER I (YES, NO OR UNKNOWN) YES	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) WW II	717-07-3		17 INFORMANT Ethel W. Vaug	ADDR 17ht 816 Jud		21208	
ny injury, or ot		o the lost. DUE TO, C	OR AS A CONSEQUE		NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVE	N IN PART I(a)	
shows a	190 DATE OF OPERAT	ION 196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY2		WERE FINDINGS U	
(1)	OR CONTRIBUTION C	AUSE OF DEATH HOUR A	OF INJURY I.M. MONTH DI	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T I OR PART 2)	
marked o	(IF EITHER, NOTIFY MEDICA 216. IN JURY OCCURR WHILE NOT WH AT WORK	IAT HOME, S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN .	COUNTY	S
em 21 is	saw the decease above, (I) (we) (d	this hospital) attended to d alive an d) (did not) vise the bad	10/ 198		nd that yr (my) (our) opinion	to; to death occurred on the d	ote and hour		es s1
ANT: If	22b. SIGNATURE		ing		ATTENDING PHYSICIAN [MEDICAL STA		27L DATE SIGN	IED
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_ 23	30 BURIAL, CREMATION, F SPECIFY) BURIAL	5/13/8	30 h	loodla	emetery or crematory wn Cemetery	23d. LOCATION CITY OF TOWN Woodlawn	Bal	ounty to Ma	1
5M 1/79	funeral director 87	728 Liberty Funeral Dir	Rd. Band ectors, P	allst .A.	own, Md. MA	Y 12 1980	Maple	y Section	4

STATE OF MARYLAND

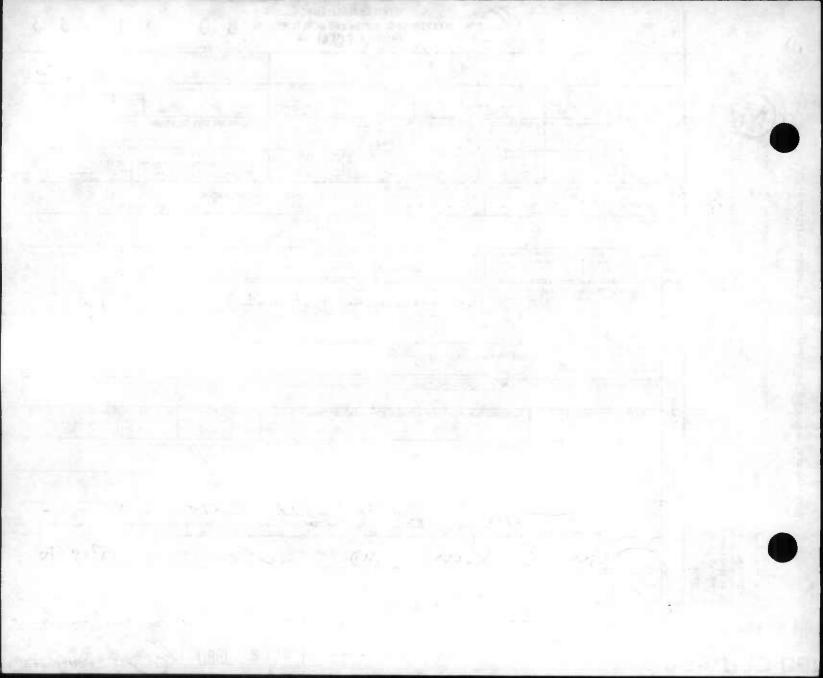


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MOM	pe e	Pages 1	the medical	No	res, no oil unknown)	(IF YES, GIV	EWAR
5	cate	iciar ers. P	ent,		18 CAUSE OF DEATI	H (Estar o	alu a a
ON ST., B	ath certifi	nding physic irbon papers , or remova	aumatic ev		PART I. DEATH W	AS CAUSE IMMEDIA	D BY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The faw requires that the death certificate be executed within 24 hours after	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the uid be deteched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with 1 the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	21 is marked or Item 18 shows any injury, or other traumatic event,		Conditions, if any, gove rise to imm cause (a), statin- underlying cause	which nediote g the lost.	}
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TAL	AN.	it pe	188	ERTI	71a ACCIDENT WAS UND	EBIVAIC F	,
DF VI	'SICI'	trans	Item		OR CONTRIBUTING	AUSE OF DE	
N	PHY ig pf	this drial	io P	MEDICAL	(IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR		1
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	TT tal o	CTC or us	n 21		saw the decease	d olive on	
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	HOSPITAL OR ATTENDING PHYSICIAN: ined by the hospital or attending physician.	etache ate De	ORTANT: If Item	1	You	N	8
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DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST MIDDLE 2a. DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) Cochran 5 18 80 IF UNDER I YEAR 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR MONTHS White 10 1907 ITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED U.S.A. WIDOWED Baltimore County DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 309 Wise Avenue Proprietor Liquor Store R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Dundalk 309 Wise Avenue nore YES 🗌 NO I 15 MOTHER'S MAIDEN NAME LAST MIDDLE Kellv В Dav Mary ADDRESS 309 Wise Avenue FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT OR DATES Cochran- Balto. 213-20-9284 William APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH e cause per line for (o), (b), and ic. ingerunima DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M 21f LOCATION 21s PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE ttended the deceased from 115 and that in (my) (opinion death occurred on the date and hour and fram the causes stated the body aften death DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS en, M.D. 1012 Old North Point Rd. 230. BURIAL CREMATION, REMOVAL 23h. DATE 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 5/21/80 Bel Air Memorial Burial Air, Harford, Maryland Bel 24 FUNERAL DIRECTOR Duda-Ruck, Incoress 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

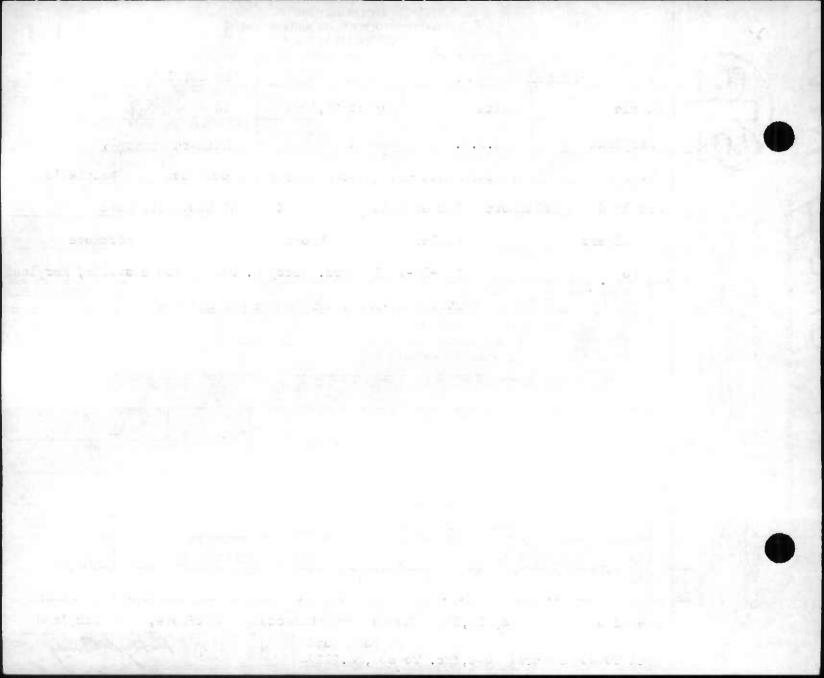
7922 Wise Avenue, Dundalk, MD 21222



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		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DE	ATH MONTH	DAY YEAR	2b HO	UR
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- 1	3 SEX	X	4	RACE			OF BIRTH	VEAD	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAY		R 24 HRS
ы	Fe	emale		White	е	Augu	st 23° ,	1905	74	YRS	7	HOURS	MIN
50		RTHPLACE (STATE OR FOR	EIGN 76	CITIZENC	F WHAT COUNT	RY? 8	D NEVER	MARRIED	9 BALTIMORE C	ITY <u>OR</u> COUN	TY OF DEATH		
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-	10 CI	TY OR TOWN OF DEAT	H 1		OF HOSPITAL, NUF		OR OTHER INS	NOITUTION	12a USUAL OCC			OF BUSIN	ESS OR
(Towson		Greate	er Baltin	nore Me		Center	Superv			ler's	
5	13a S Ma	aryland	36 COUNT		13c CITY OR T		YES -	CITY LIMITS?		RESS Ornhill	Road		
5	14_FA	THER'S NAME	M IE	DDLE	LAST		15 MOTHER	'S MAIDEN NA/		DDIE		LAST	
χ		Albert			Mille	r	V	iola			Masemo		
1	160 V	VAS DECEASED EVER IN	U.S. ARM		? 166 SOCIALS	ECURITY NO.	17. INFORM	ANT	,	ADDRESS			
1		No			219-1:	2-7671	Mrs.	Betty 1	M. Jubb	Cocke	ysville	, Mar	yland
	NO	Conditions, if any, gove rise to imme cause 101, stating underlying cause	the last	(c)	OR AS A CONSE	OUENCE OF	NOT RELATE	D TO THE TERM	INAL DISEASE OR	CONDITION C	GIVEN IN PART	lia	
T	CERTIFICATION	19a. DATE OF OPERATI	ON	19b. CON	ndition for wh	ICH OPERATIC	N WAS PERF	ORMED	20a AUTOPSY	INCER	YES, WERE FINE		TH?
1	_	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DEATH		OF INJURY A.M. MONTH P.M.	-DAY YEAR	21c. HOW II	NJURY OCCURE	RED (ENTER NATURE O				
	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	D LE [7]		CE OF INJURY STREET, FACTORY, OFF		21f LOCAT	ION	CITY	OR TOWN	COUNTY	5	STATE
		22a.l certify that (1) (saw the deceased above, (1) (we) di	alive an_	May	28	00	28 nd that in (my	19 <u>80</u>) (aur) opinion o	to May death accurred on	28 the date and h		, that (1) (
		226. SIGNATURE	. /		11		DEGREE				22c. DA	TE SIGNED	
		9K AU	SAL	3/1/	VI			ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF PHYSICIAN 🔀 🤇	x 5/2	28/80	
1		276. PHYSICHAN'S NAM	AE (TYPE OR P	शर्मि)			22e ADDRE	SS					
1		Ronald	L. Si	rota.	M.D.		6701	N. Char	les St.	Baltin	nore. Mo	1.212	04
	15	URIAL, CREMATION, R		23b. DATE	12	3c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATIO	N			
	Ci	remation		May	29,1980	Loudon	Park	Cremato	ry Balt	imore,	Ma	rylan	d

DHMH - 16 50M 1/76 (VR A 15 (4)) PA FUNERAL DIRECTOR
ADDRESS 1050 York Road
Ruck Towson Funeral Home, Inc. Towson, Md. 21204

250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S LIGHTURE



	1-	FOR STATE REGISTRAR			DEPARTM	LENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE &	3 U REG. NO		1 -	8	5
		CEASED NAME ORPRINT) BRIG	FIRST GID	M	oo Mall	CONNC	ORS	MAY 2	2, 198		PAY YEAR	26 HOU 10:	
	3 SE)	x female	4	cau.		5 DATE O	15°, 18'9'0	AGE (INY	EARS LAST BIRTH		FUNDER I YEAR	IF UNDER	24 HRS MIN
7		RTHPLACE (STATE OR FOR DUNTRY) L'reland		J.S.A.	VHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED		ALTIMO		UNTY		MD.
30	10 CI	TOWSON		(IF NOT IN SUC	OSPITAL, NURSIN FRACILITY, GIVE STREET & Conval	ADDRESS) DU	WORKING LIFE	12h. KIND C INDUSTRY	F BUSINE	SS OR			
5		AL RESIDENCE (IF NURSIN TATE 1	Balto	THER INSTITUTION, Y	Baynes	N	134 INSIDE CITY LIMITS?		ADDRESS	tnut	Oak	Rd.	
30	14. FA	John	MID	DOLE	O'Malle	y	IS. MOTHER'S MAIDEN NAM Bridge	t	MIDDLE		Eaga	n	
,		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARME (IF YES, GIVE W		166 SOCIAL SECU 190-07-	_	B John M. Co		s,213	s Tim	onium strid	, Md ge R	
	7	Conditions, if any, gave rise to imme cause (a), stating underlying cause	MMEDIATE which ediote the last	DUE TO, OR DUE TO, OR (c)	AS A CONSEQUE	INCE OF	in fosture. L		0	luro DITION GIV	EN IN PART 1	0)	
9	CERTIFICATION	190 DATE OF OPERATE	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	OPSY?	IN CERTIF	, WERE FINDI		TH?
7	-	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJUR	Y IN ITEM 18, P	ART 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK				ARM, ETC.)	211. LOCATION STREET		CITY OR TOW	И	COUNTY	ST	TATE
		220.1 certify that (1) (1) saw the deceased above. (1) (we) (6)	olive on_	5-	1- 198	8//.	5/ 19 79 Indehot in (my) (ear) opinion (death occurr	ed on the do	te ond hav	ond from the	7.72 HE-	
		226. SIGNATURE	X (Luci	in	1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR			2h. DATE	SIGNED	80
		224 PHYSICIAN'S NA	WE (INTERIOR	IINP)			77e ADDRESS				-	/	

DHMH-16 25M (VRA 15, 4) 1/79

should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other trau

TO FUNERAL DIRECTOR: After this certificate has been signed by

236. DATE 5/5/1980 230 BURIAL, CREMATION, REMOVAL burial

230 NAME OF CEMETERY OF CHEMACORY Dulaney Valley

Timonium, Balto, Md.

Curran funeral Home, 308 High St. MAY 5

1980 MAY 5

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OR ATTENDING PHYSICIAN: The

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	0	1	3	8	6
	REG. NO.				

1	1 -	STATE REGISTRAR			DEFARIN	CERTIF	ICATE OF DEATH	REG. NO).		0	Ó
٠		CEASED NAME	MARY		MIDOLE	CORK	RAN	2a. DATE OF DEATH	YAO HTNOM	YEAR	2b HOUR	
	(11112	OKTRINI	MAR	Y	Frances C	OR	KRAN	MAY 27	1980		6:21	$0p_{M}$
٦	3. SEX	(4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	NDER I YEAR	IF UNDER 2	-
		FEMALE		WHITE		6/	13/1902 YEAR	77	HOURS	MIN.		
0		RTHPLACE (STATE O	R FOREIGN	1 - 1	WHAT COUNTRY?	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY O	_			
7		MARYLAND		U.S.A	7.	WIDOWE		BALTIMO	RE COUNT	IY		MD.
	10 Ct	TOWSO		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET A TOSEPH	(DDRESS)	TAL	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY IFE	F BUSINES	SSOR
5	USU A 13a S MA	AL RESIDENCE (IFN TATE RYLAND		R OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔏	13e STREET ADDRESS 1300 D AII	RLIE WAY	7 21	239	
1		THER'S NAME UNKNOWN		MIDDLE	LINTHICUN	4	15. MOTHER'S MAIDEN NA. FIRST ELIZABETH	WE		DAV.	İs	
	16a W (Y	VAS DECEASED EV VES, NO OR UNKNOWN) NO	ER IN U.S. AF	RMED FORCES? E WAR OR DATES)	166 SOCIAL SECU 219.16.6		SHIRLEY J. V) 18 ST I		ANS R	D.
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2	CERTIFICATION	19a. DATE OF OPE	RATION	19b. COND	ition for which	OPERATIO	DN WAS PERFORMED	200 AUTOPSY? YES ☐ NO 🔀	20b. IF YES, WI IN CERTIFYING YES	G CAUSES		H?
1	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY ME	CAUSE OF DE	ATH HOUR A.	DF INJURY M. MONTH DA M.	Y YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	ry in item 18, part 1	OR PART 2)		
	MEDI	AT WORK AT	WORK		REET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TOV	VN . (COUNTY	STA	ATE
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		22b. SIGNATURE	atri	m 4.1	Oinjor	- /	DEGREE M. O. ATTENDING PHYSICIAN [MEDICAL STA		may	SIGNED	980
		22d. PHYSICIAN'S	NAME (TYPE	DEPRINT)	0	,	22e. ADDRESS		/	7.00	1	-
		Ве	eatriz	P. Dizo	n, M.D.		7620 York	Road, Towso	n, MD 2	.1204		
	23a. B	URIAL CREMATIO	N REMOVAL	23h DATE	1 23¢. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION				

GREEN MOUNT

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciar should be detached for use as the buriol-transit permit. Then please remove carbanpopers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shaws ony injury, or other traumatic event, the retained by the hospital DHMH - 16 50M 1/76 (VR A 15 (4))

(SPECIFY)
CREMATION 24. FUNERAL DIRECTOR BALTIMORE

COUNTY MARYLAND

250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

WALTER BROOKS BRADLEY INC., DUNDALK, MARYLAND

5/28/1980

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120		
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Appen Pg Ta hour Pg	7e. BI	RTHPLACE STATE OR FORE OUNTRY) St Virginia	ign [L.S	WHAT COUNTRY?	1	D MEVER MARRIED	Baltimore CITY O	RCOUNTY		MD.
ors after-	0.511	ITY OR TOWN OF DEATH Dundalk	'	(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET 2 Jackson	IG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Shipfitter	F WORKING LIFE	INDUSTRY	F BUSINESS OR uilding
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E, MARYLANC cecuted within completely fill 1 and 2 should	14 FA	Jesse	N	AIDDLE	Cowger		15 MOTHER'S MAIDEN NA			LAS	
BALTIMORE, MARYLAND Ificate be executed within yesician and completely fill pers. Pages 1 and 2 should oval. event, the medical warming	16a. V	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (1	U.S. ARA FYES, GIVE	WAR OR DATES)	234.09.9		17 INFORMANT Verna E. Co	ADDRE		13e	
PRESTON ST., It the death certi the attending ph move carbon pa emation, or rem other traumatic	No	Canditions, if any, we gave rise to immer cause 101, stating underlying cause	which diate the last.	DUE TO, O DUE TO, O DUE TO, O (c)	R AS A CONSEQUI	INCE OF	PLINE A.S.C.		· ·	li Yea Yea	y :
TALRECOR	CERTIFICATION	190 DATE OF OPERATION				OPERATIO	N WAS PERFORMED	YES NO X	IN CERTIF	, WERE FINDIN YING CAUSES	
DIVISION OF VITAL RECORDS, 201 W. TENDING PHYSICIAN: The law requires the or attending physician. OR: After this certificate has been signed by use as the burial-transit permit. Then please re Health and Mental Hygiene prior to burial, or its marked or trem 18 shows any injury, or it is marked or trem 18 shows any injury, or	MEDICAL C	OR CONTRIBUTING CAL (IF EITMER, NOT IFY MEDICAL E 216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	SE OF DEA	HOUR A. P. 21e PLACE (AT HOME, STE	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, I	19 ARM, ETC.)	211 LOCATION STREET	CITY OR TO		COUNTY	STATE that (I) (ast) last
TO HOSPITAL OH ATTE retained by the hospital on TO FUNERAL DIRECTO should be detached for use with the State Dept. of He IMPORTANT: If Item 21		220 I certify that (I) (H saw the deceased above. (I) (220 SIGNATURE 220 PHYSICIAN'S NAM Ataollah	E (TYPE OR	New the body	Affer death.	7	DEGREE MD. ATTENDING PHYSICIAN 1 220 ADDRESS 3029 Dundall	MEDICAL STA ☐ DIRECTOR ☐ PHYSIC	FF CIAN [22c. DATE 5/12	causes stated
4208 BP	B	BURIAL, CREMATION, RE SPECERY Urial		236. DATE 5/14/	23€		emetery or CREMATORY of Faith Cem	23d LOCATION CITY OR TOWN Baltimor	e.	соинту	ryland
DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR 1 Ter Brooks	Bra	dley In	c., Dunda	alk, N		e rec'd. by registrar / 1 5 1980	256. REGISTI	RAR'S SIGNAT	URERTO,

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	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be np physician.	this certificate has been signed by the attending physician and completely filled in by the functor function, page 3 unial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 7 recults functionally Mental Hygiene prior to burial, cremation, or removal.
	PHYSICIAN ng physician.	it i
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST DECEASED NAME 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Coyle Robert Tin May 24, 1980 3. SEX 4 RACE IF UNDER I YEAR IF UNDER 24 HRS 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) MONTH DAY YEAR Male White 18 1926 Мач 70_BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIEDATA NEVER MARRIED COUNTRY Maryland Baltimore County WIDOWED DIVORCED 18. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12s. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Gulf Linden Terrace Pikesville 21208 Mechanic Oil Corp. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 6 Linden Terrace Baltimore Pikesville Maryland YES [NO M 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Bossle Coule Sr. Eleanor James ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Mrs Rose M. Coyle 6 Linden Terrace 21208 217-20-7473 Yes WW II APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY BACTERIAL PNEUMONIA 48 HOURS IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF 1 YEAR LATERAL SCLEROSIS AMYOTROPHIC Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) IFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [YES [] NO YES [CERT 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PAA 21d INJURY OCCURRED 211 LOCATION 21s PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220 I certify that (I) (this hospital) attended the deceased fram. TIME saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF MEDICAL PHYSICIAN M DIRECTOR PHYSICIAN 5/25/80 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Dr. Howard Weiss Springbriar Lane 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) STATE Eldersburg Lake View Memorial Garrall-250. DATE REC'D. BY REGISTRAR 250. DECUSTRAR'S SENATURE
JUN 2 1980 24 FUNERAL DIRECTOR 8728 Liberty Rd. Bandallstown, Md Loring Byers Funeral Directors, P.A.

DHMH-16 25M

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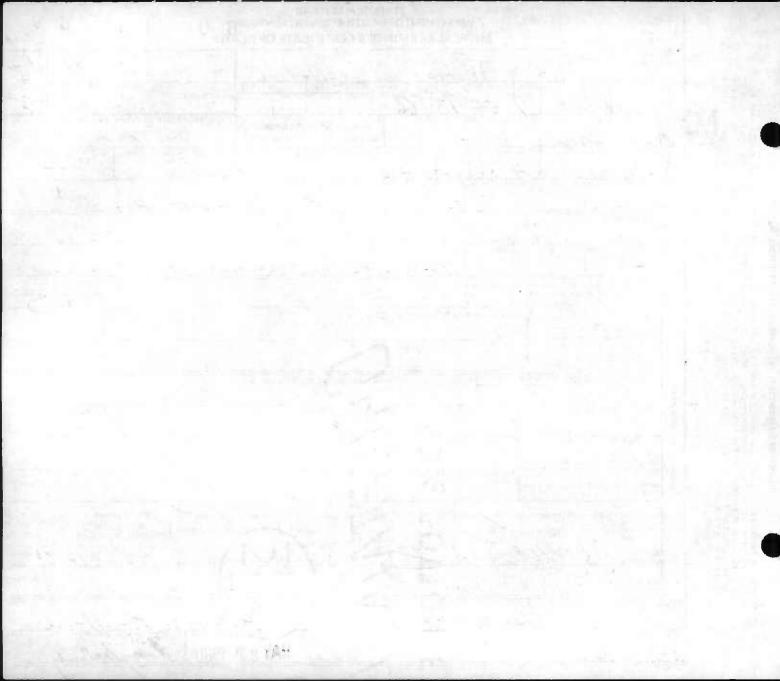
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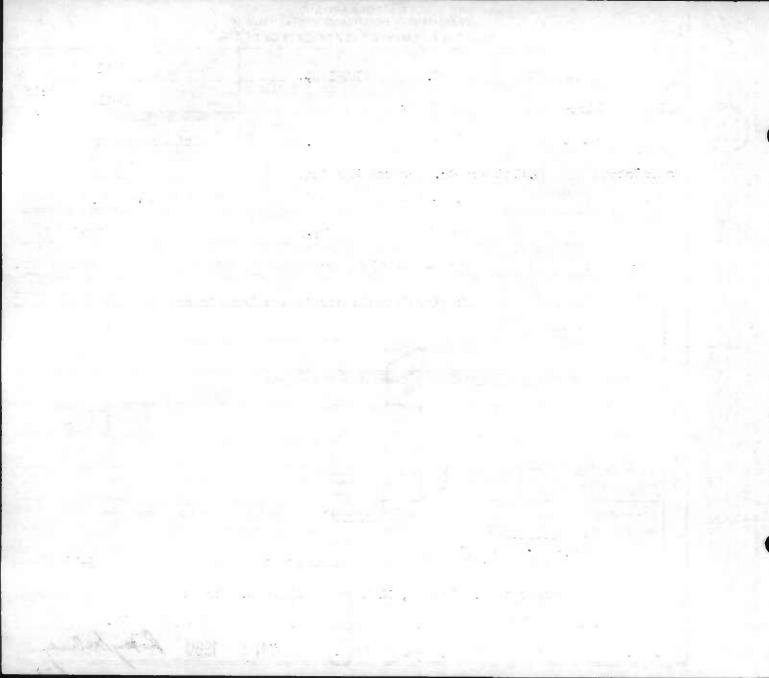
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STATE OF MARYLAND



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ge 3 eoth		CEASED NAME FIRST OR PRINT) GEORGE		D I	AVEN	PORT		26. DATE OF DEATH	5 /	80	26 HOUR 9 A M
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her fore.	7a. BI	RTHPLACE (STATE OR FOREIGN PUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEL WIDOWE			9. BALTIMORE CITY C			MD
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24 hours	13a. S	RESIDENCE (IF NURSING HOME OR TATE 136, COUNTY)	OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY	LIMITS?	13e, STREET ADDRESS.	USTIN		Œ
mpletely ond 2 sh		THER'S NAME FIRST	MIDDLE	PORT		15. MOTHER'S M	AAIDEN NA/	ME	NROY	LAS	To.
Poges 1	0	ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR OATES)	166 SOCIAL SECU		17. INFORMANT	T	enport Same	ESS		
quires that the death certificate E signed by the ottending physicio Then please remove corbonpapers to burial, cremation, or removal. njury, or ather troumotic event, the	NC	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT (D BY: TE CAUSE (0) DUE TO, O (b) DUE TO, O (c)	AM YO DR AS A CONSEQUI	TROI ENCE OF			INAL DISEASE OR COM		s 2y	MATE INTERVAL ONSET AND DEATH ONE /O MOS
n. nos been permit. T ne prior i	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORA	MED	200 AUTOPSY?	IN CERTIF	, WERE FINDING YING CAUSES	NGS USED S OF DEATH?
OSPITAL OR ATTENDING PHYSICIAN: The ed by the hospital or ottending physicion UNERAL DIRECTOR. After this certificate h d be detoched for use os the buriol-tronsit phe State Dept. of Heolih and Mental Hygier RTANT: If them 21 is marked or Item 18 show	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) this hospi sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE MARIA E 22d. PHYSICIAN'S NAME (TYPE O	21e. PLACE (AT HOME, ST	M. MONTH D M. OF INJURY OF INJURY REET, FACTORY, OFFICE, the deceased from 19 y other decith.	19 FARM, ETC.)	211 LOCATION STREET d that in (my) (o) DEGREE ATT PH 22e. ADDRESS	19 80 Dury opinion TENDING TYSICIAN	CITY OR TO to	WN AFF CIAN	COUNTY 19 80 , r and from the	STATE that (I) (we) last causes stated
TO HOSPITA retained by TO FUNERA should be di with the Sto	23a. l	Mane E. G.	Marie E		NAME OF C			WILSON O			STATE
PD	,	seed of the teat	1	, 1700	· AAre	erans ce	meter	chettenn	am, Ma	ryland	

24 FUNERAL DIRECTOR JULY 1000HESS Beall Funeral Home 16000 Annapolis Rd. Bowie Md.

250 MAYED BY REGISTRAR 256 RECSTRAR'S SIGNATURE

BP___ DHMH-16 50M7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

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		REGISTRAR			CERTI	ICAIL OI DEA		REG. NO).			
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-		RTHPLACE (STATE OF FOREIGN	75 CITIZEN OF	WHAT COUNTRY?	8 MA PDIE	D NEVER MARI	RIED [BALTIMORE CITY O	R COUNTY O	FDEATH		
>		ennsylvania	U.S.A		WIDOWE	- ""	CED	Baltimo	re Cou	unty		MD.
7		TY OR TOWN OF DEATH	(IF NOT IN SL	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET, INKLIN Squ	ADDRESS]		ION	12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Welder		12h KIND (INDUSTRY	OF BUSINESS	OR
5	13a. S	AL RESIDENCE (IF NURSING HE STATE 1916)	OME OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	N	131. INSIDE CITY L	IMITS?	13 SIREET ADDRESS 5814 Way CI	coss Rd			
)		THER'S NAME FIRST John	F .	Davison,	Sr.	IS. MOTHER'S MA First Kather		MIDDLE		0'8	önnell	
		VAS DECEASED EVER IN U	S. ARMED FORCES?			17 INFORMANT		ADDRE				
		Yes	WW II	174-12-3	031	Mrs. Do	rothy	P. Davisor	ı Sa		# 13e	
	CERTIFICATION	Conditions, if only, while gove rise to immedia cause lad, stating if underlying cause la PART 2 OTHER SIGNIFIC. 19a DATE OF OPERATION	DUE TO, (c)	OR AS A CONSEQUE	DEATH BUT			NAL DISEASE OR COND	20h. IF YES, V	WERE FINDI	NGS USED	
1	TIFIC							YES NO NO	YES [S OF DEATH?	
1		2)8. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR	OF INJURY I.M. MONTH DA P.M.	YEAR	žić HOW INJURY	Y OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)		
-	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE [AT WORK [117110115 0	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR FOW		COUNTY	STATE	
		22a 1 certify that (1) (this sow the deceased oli above, (1) (we) (did) (c	ve on 5/	1/19	80	4/30/, 1 nd that in (my) (our	9 <u>80</u>) opinian d	eoth occurred on the do			that (I) (we)	
		22b. SIGNATURE -	11/29/14	uv		PHYS	NDING SICIAN X	MEDICAL STAF			1/80	
	11/2	22d, PHYSICIAN'S NAME	V			220 ADDRESS	_	171 6			07.0	
	-		Zajano,					nklin Squa	are Dr	'ive	212	37
	23a. B	BURIAL, CREMATION, REMO		The second second		EMETERY OR CREA	MATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE	3
		Rurial	May 5	, 1980 Mt	Vie	ew .			HOWAI	.u, Ma	ryland	1

ATTENDING PHYSICIAN:

DHMH-16 25M

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and or should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the mit

(VRA 15, 4) 1/79

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
MAY 9 1980 Frifry Matricely

24 FUNERAL DIRECTOR 5305 Harford Rd. NAM Leonard J. Ruck, Inc.

MAY 9 1980

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4	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page Interestined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours an with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DHMH-16 25M ((VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 0).	1 5	9	4	
		CEASED NAME FIRST OR PRINT)		MIDDLE		AST	2R. DATE OF DEATH		AY YEAR	26. HO		
		MILDRE		1.		ATON	May 12, 19			2:0	_ M	
ī	3. SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTI		ONTHS DAYS	IF UNDE	R 24 HRS	
		Female	whit	e	May	20, 1913	66	YRS.				
North Carolina 76. C			76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DE NEVER MARRIED	Baltimore city o Baltimore				MD.	
9	Essex 21221 II. NAME OF HOSPITAL, (F NOT IN SUCH FACRITY OF Franklin Squ			CHEACHITY GIVE STREET	ADDRESS)		12R USUAL OCCUPATE (TYPE OF WORK FOR MOST OF ASSEMBLET	ON F WORKING LIFE	12b. KIND (INDUSTRY	11111111		
	130 S Ma		OR OTHER INSTITUTION	I. GIVE RESIDENCE BEFORE 13c. CITY OR TOW Essex	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13r STREET ADDRESS 501 Welbro	ok Roa				
0	14 FA	THER'S NAME FIRST Henry	MIDDLE A.	Oakley	7	IS MOTHER'S MAIDEN NAM	MIDDLE		Turne	51 I		
/	lás V (Y	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? NE WAR OR DATES)	238-09-8		John Deaton,	husband	Same				
	PARTI. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), storing the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF Liby Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PARTI. DEATH WAS CAUSED DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost DIETO, OR AS A CONSEQUENCE OF DIETO, OR AS A CONS									PVAL DEATH		
	NOIL	-	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	chopneumonia			N IN PART I			
	CERTIFICATION	19a DATE OF OPERATION	148 CONL	JIION FOR WHICH	OPERATIO	N WAS PERFORMED	YES X NO	IN CERTIFY	TING CAUSE	OF DEA	TH?	
1		2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	EATH HOUR A	OF INJURY ,M. MONTH DA .M.	YEAR							
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF IN JURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOW	/N	COUNTY	\$	STATE	
		270. I certify that (I) (this hospital) attended the deceased from ADTIL 23 1980 to May 12 1980, that (I) (we) last saw the deceased alive an May 12 1980, and that in Wy) (aur) apinian death occurred an the date and haur and from the causes stated above. (Move) (did to hart with the second and the causes stated above.)										
		226. SIGNATURE	Mla	ha		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	22c. DAT	12/8	30	
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT	1 10 17		22R ADDRESS					20	
		Naeem Gauhar				9000 Frankli		., Ba	lto, M	d. 2	L237	
	23e B	Burial, CREMATION, REMOVA	23b. DATE			EMETERY OR CREMATORY	Baltimore	Co.	Maryl:	and	STATE	
	1	uzdzinski fune	eral Home	PA 2407	Old I	Eastern Ave MA	Y 1 5 1980	75h RESERVE	1	Cres	9	

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	Dh	1.	STATE REGISTRAR		MEI	DICAL EXAM	INER'S	CERTIFICATE	OF DEA	H REG.	NO	3	7 3
			CEASED NAME			MIDDLE		LAST	20	DATE KNOWN		DAY	YEAR ZI HOU
	ASE OOR. LES. URS EFT,			· ESL		LEE	D	EER		OF ESTI- DEATH MATED	R5/1	8 19	DE P"
	NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. O, WITHY 72 HOURS W. PRESTON TREET.	3. SE:	ale	White	5. DATE OF BIRTH MONTH DAY 11/2/190	YEAR LAST BI	RTHDAY) MONTH		MIN PI	RONOUNCED DEAD	5/1	P 19.	80 P 1
	ERAL OR Y	FC	RTHPLACE (ST DREIGN COUNTRY)		76. CITIZEN OF WH	IAT COUNTRY?	8. MARR	IED NEVER MAR	KKIED L	BALTIMORE CIT	7	Y OF DEAT	
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1D. 2	I VA	14. F	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIL		MIDDLE		LAST	
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MOR	~ ~ ~ ~		ES. NO, OR UNKNO	EVER IN U.S. ARM		166. SOCIAL SEC		17. INFORMANT		ADDRI	ESS		
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ON ST., B	1 24 HOUR ITEM 18. (LONG W PERMIT. F GIENE, DI		18. CAUSE OF PART I DE	ATH WAS CAUSED	E CAUSE (a)	for (a), (b), and (c). AS A CONSEQUEN	ust	mju	ry l	to be	-0	BETWEEN	XIMATE INTERVAL ONSET AND DEATH
REST	ENCIL IN AMINER A TRANSIT ENTAL HY REMOVAL			is, if any, which e to immediate	(b)_	AO A CONSEQUEN	CL OI	U					
3				stating the under-	< ' '	AS A CONSEQUEN	CE OF		360				
301	IN P				(c)								
ORDS	ULD BE EXEC "PENDING" EF MEDICAL SED AS A BU HEALTH ANI CREMATION,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (v).										
REC	ULD PEN	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDIT	TION FOR WHICH OPERATION WAS PERFORMED?							PSY?
/ITA	SHO ORD CHII TOF	TIE									YES	□ NO NO	
DIVISION OF VITAL RECORDS, 301 W. PRESTON	THE WENTER	MEDICAL CER	UNDERLYING CONTRIBUTION	G CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)								
DIVIS	WRIIN WARD VARD AGE ATE	MED	21d. INJURY O WHILE AT WORK		21e PLACE C STREET, FACTO	OF INJURY (AT HOM DRY, FARM, ETC.)		CATION		CITY OR TOWN	COU	NTY	STATE
	2012		226. I certif	y that I taak charge	af the remains desc	ribed abave, held o	n Autap	sy , Inspecti	ian 🔊 ,	Inquiry .	and in my api	inian	
	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: WITH THE STARYLAND, 2	1	death resulte	d fram: Nature	al causes/	Accident ,	Suicide X	, Hamicide .	Undeter	mined manner],		
	CAL EXAMINE THE CERTIFICA SHOULD BE FG RAL DIRECTOR ATH, WITH THE RE, MARYLAND,		ACTUAL SIGNATURE_	HOV	1/2 Va	nel	a M	D. C. (SPECIFY)	the MEDIC	AL EXAMINER	DATE SIGNED	0	,
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	d	EXAMINER'S N (TYPE OR PRIN	IT)	S. AH	LULI	9214	ADDRESS 211	12 D	unda	Ox A	v Ra	18/213
	T Z Z T Z Z	10	PECIFY)	ION, REMOVAL 23		The second second		R CREMATORY	23d. LOC.	ATION TOWN	COUNT	TY	STATE
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STATE OF MARYLAND

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STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbanpapers-Pages I and 2 shauld be filed within 72 hours of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medical examines must be gatified at ance.

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	STATE OF MARYLA
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ND DEPARTMENT OF HEALTH AND MENTAL HYGIENER

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REGI	STRAR			CERTIF	FICATE OF DEATH	REC	6. NO.	3.	
1. DECEASE		14	MIDDLE		LAST	20 DATE OF DEAT		DAY YEAR	2b. HOUR
	FRAN	CIS X	•	DESS	5	May	2	1980	6:30 BM
3 SEX		4 RACE		5. DATE (6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
X	XX Male	C	auc	8	11 1908	71	YI	MONTHS DAYS	HOURS MIN
COUNTRY)	ace (state or foreign	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	Baltimore CIT	_		
	TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCU	PATION	12b. KIND C	MD OF BUSINESS OR
	Towson, yland	Greate		Medic	cal Center	Courier		NG LIFE) INDUSTRY	
Maryl	IDENCE (IF NURSING HOME 136° COI		13c. CITY OR TOW Baltimor	N	13d Inside City Limits? YES X NO	13e STREET ADDRE		mont Aver	21213
14 FATHER'S	SNAME				15 MOTHER'S MAIDEN NA	ME			
Jo	seph	B.	Dess		Susan	MIDD	LE	Schwa	rzkopf
160 WAS DE	CEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	AL	DRESS		
No	OR UNKNOWN) (IF TES, G	- WAR OR DATES	215-05-	0125	Catherine	Dess, s	iste	r, same	address
18 CA	AUSE OF DEATH (Enter)	only one couse per	line far (o), (b), an	d (c···				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
Cana	453 IMMEDI	ATE CAUSE (6)	R AS A CONSEQUE		soft palate,s		,, 4246		
gave	e rise to immediate e (0), stating the erlying couse lost.	DUE TO, O	r as a conseque	ENCE OF					
	2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN PART 1	01
CERTIFICATION 19a D	ATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES X NO[IN CE	FYES, WERE FINDIFERTIFYING CAUSES YES [X]	
	CCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF D THER, NOTIFY MEDICAL EXAMINE	DEATH HOUR A	DE INJURY M. MONTH D. M.	AY YEAR	214. HOW INJURY OCCURE	RED (ENTER NATURE OF	injury in item	A 18, PART I OR PART 2)	
WHILL AT WORLD	NJURY OCCURRED E NOT WHILE AT WORK	21e. PŁACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
22a. I	certify that (I) (this has aw the deceased alive a bove, (I) (we) (did) thid	5		80 .	nd that in (my) (aur) opinion (, ta5/ death occurred an t	2/ ne date and		that (I) (we) last couses stated
In S	The	m			DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN (2	22c. DATE	SIGNED
22d P	HYSICIAN'S NAME (1991	OKMINI)			22e ADDRESS			-	
	Ronald L. S	irota, M	.D.		6701 N. Cha	rles St,	Balto	. Md. 212	204
230. BURIAL,	, CREMATION, REMOVA Urial	236. DATE 5/6/8	0 M	lost	EMETERY OR CREMATORY Holy Redeem	er Ba	Ltimo	re, Md.	STATE
24. FUNERA	chimunek		A3-3-31	Bre	hmc Tana 250. DAT	E REC'D. BY REGIST	RAR 25b. RE	G RATYS SIGN I	W.P.
	me. Inc.		Balto	Md	.21213 M	AY 6 19	ou /		8

BP DHMH - 16 50M 1/76 (VR A 15 (4))

etained by the haspital ar attending physician.

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an and completely filled in by the funeral direction. Pages 1 and 2 should be filed within 72 hours afte executed within 24 hours TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Pt with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18, shows any injury. or other traumatic event, ATTENDING PHYSICIAN:

STATE OF MARYLAND

0	1	1	5	9	9
SEC NO	7				7

1 - STATE REGISTRAR			DEPAI	CERTIF	ICATE OF	DEATH		REG. NO.	1 1 -) 7 7
DECEASED NAME	FIRST	/ F3	MIDDLE	L	LAST		20 DATE OF DE	ATH MONTH	DAY YEAR	26. HOUR
(TYPE OR PRINT)	GEOR	GE	C.	I	DILKS	SR.		05	15 80	77 M
3 SEX	No.	4 RACE		S. DATE C		YEAR	AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAY	
MALE		WHI	TE	10	09	03		76 YE		S HOURS MIN
70. BIRTHPLACE (STA COUNTRY) NEW JER		76 CITIZEN OF	WHAT COUNTR	MARRIE WIDOWE	_	MARRIED [CITY OR COU	COUNTY	MD.
LANSDOWN		11. NAME OF	HOSPITAL, NUR CHEACILITY, GIVESTI 2115 AL	REET ADDRESS		STITUTION		CUPATION R MOST OF WORKIN	G LIFE) INDUSTR	OF BUSINESS OR
USUAL RESIDENCE (130. STATE MARYLAND	136 COU	ROTHER INSTITUTION NTY		FORE ADMISSION)		CITY LIMITS?	13n STREET AD	DRESS		OMPANY 21227
14. FATHER'S NAME FIRST GEORG	E Mo	CLELLAN			IS MOTHER	SARA		AIDDLE		ERNER
160 WAS DECEASED (YES, NO OR UNKNOW NO		RMED FORCES?	213-10		DA ISY	E. DIL	KS 211	ADDRESS ALLET	TA AVENU	E 21227
gave rise to cause (a), underlying	stating the cause last	(c) CONDITIONS <u>C</u>	R AS A CONSECUTION FOR WHI	O DEATH BUT	12		, , , , , , , , , , , , , , , , , , ,		GIVEN IN PART	
TIFIC									RTIFYING CAUSI	
OR CONTRIBUTION (IF EITHER, NOTH) 21d. INJURY OF	G CAUSE OF DE	21e PLACE	OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFI	19	211 LOCAT	ION		E OF INJURY IN ITEM	COUNTY	STATE
saw the dabave, (1) 22b. SIGNATU	leceased alive ar (we) (did n	view the body	alter death.	තා , or	nd that in (m) DEGREE	ATTENDING PHYSICIAN		STAFF	137	that (I) (we) lost the causes stated TE SIGNED
CLIFF	RATLIFI		M.D.			196	TEW MAL			
23a BURIAL, CREMA	TION, REMOVAL	23b. DATE	2	30 NAME OF C			23d. LOCATIO	NC	COUNTY	STATE
BURIAL		05-1	9-80	MEADOWR	RIDGE M	EM. PK.	ELKR			ARYLAND

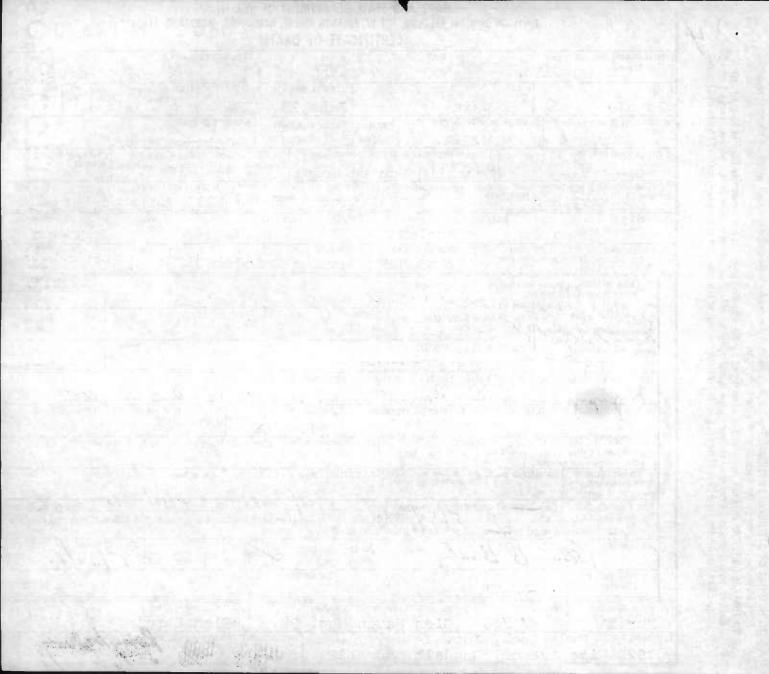
DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR
NAME
HUBBARD FUNERAL HOME, INC.

21229 ADDRESS 21229 4107 WILKENS AVE. MAY 2 0 1980

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost First Middle 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death he funeral ges 1 and ofter death (Type or print) PEARL DILL C. 9:05a 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Pages burial, crematian, or remaval and in any last birthday) MONTHS Female White June 13, 1896 83 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED 3 DIVORCED [Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Franklin Square Hosp. during most of warking life, even if retired.)
HOUSEWITE INDUSTRY Rossville event, 130. USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATEMaryland Baltimore YES 🔀 1235 Willsback Way and in any 14. FATHER'S NAME First Middle Middle Last 1S. MOTHER'S MAIDEN NAME First Last Lauglew Morrison James 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 218Add 55s. Duncan St. Yes, no, ar unknawn) (If yes give wor or dates of service) Juanita Kolodzie J-Balto. 219-03-0572 MD 21231 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Ebbr, anly one cause per line for (a), (b), and (c).)
PART DEATH MASICAUSED BY:
Antonioscal of BETWEEN ONSET AND DEATH IMMEDIARICANE (0) Arteriosclerotic Cardio-vascular Disease DE OR AS A CONSEQUENCE OF conditions it any hybichicave neet to immediate course (a) stating the underlying course (b) Comatose DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. (Senile Dementia 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been the Dept. af Health priar to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING SD 20a. AUTOPSY? CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Nat while at wark 220. I certify that (1) (this haspital) attended the decoased from. 5/20/ 1980 saw the deceased alive an_ , and that in (my) (our) opinian death accurred on the date and hour and from the filed with the S couses stated obave, (1) (we) (did) (did nat) view the bady after deoth. 22b. SIGNATURE 22c. DATE SIGNED mb ATTENDING DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS directar, pa shauld be f NAME (Type) Dr. Bradlev 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (Caunty) (State) 6/2/80 Glen Haven Mem. Pk. Glen Burnie, A.A. MD 24. FUNERAL DIRECTOR Duda-Ruck, Inc. 2Sa. REC'D BY REGISTRAR DATEJUN 3 ADDRESS 2Sb. REGISTRALS VR A15 (4) 45M - 1/69 1980 7922 Wise Avenue, Dundalk, MD 21222

MARYLAND STATE DEPARTMENT OF HEALTH



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IMPORTANT:

Item 18

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME 20 DATE OF DEATH MONTH QAY YEAR 2b. HOUR TYPE OR PRINT! F May 15, 1980 0.25 Anna. DIXON 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE MONTH Sept 23, 1898 Female White 81 yrs TO BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A WIDOWED DNORCED | Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h. KIND OF BUSINESS OR Franklin Sq. Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130 COUNTY 132. CITY OR TOWN Maryland Baltimore 134 INSIDE CITY LIMITS? 2002 Ramblewood Ave. YES [NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANIDOLE LAST William Middlecoff Anna Morgan ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-48-3798 William Dixon-1003F Pleasant Oaks Rd 21234 IS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic). PART I DEATH WAS CAUSED BY Cardiopulmonary Arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cardiogenic Shock Canditions, il any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO YES [NO [718. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 80 May 22a I certify that @ (this haspital) attended the deceased Iram that iii (we) last May 15 saw the deceased alive an, and that in (our) opinion death occurred on the date and haur and Iram the causes stated above, (we) (did) (a) view the body after death 22¢ DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LTYPE OF PRINTS 22e ADDRESS 9000 Franklin Square Drive 21237 23d. LOCATION 23s. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE Burial CITY OR TOWN 5/19/80 Meadowridge Mem. Pk Elkridge, Howard Co, Md.

DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR A. Malan Seitz Funeral Home "3818 Roland Ave. TSO DATE REC'D BY REGISTRAR 256 CHAPLE

Famile White Sept 23, 1808 Blyrs

Maryland W.S.A x Allienter Franklin on Basital Retired
Kar Lund - Balbinore x 2002 kample ood Ave.

William Nidecoff Anna Morgan

No -- 216-48-3795 william Dixon-10031 Teasant Caks itd 21234

Purial 5/19/80 Meadowride Per. Pk Elleidee, Howard Co., Mc.
A. Alan Seitz Funeral Rome 3013 Joland Ave.

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executed within 24 hours

death certificate be

ATTENDING

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	O 6.0
I DECEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH DAY YEAR	2h. HOUR
GEO	DRGE A.	DIXEN	5-10-80	11 24
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR	
Male	White	Sept. 5. 1916	63 YRS.	HOURS MIN
Ja. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore County,	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b. KIND C	OF BUSINESS OR
Owing Mills	Baltimore Co	General Hosp.	Letter Carrier Pos	tal
USUAL RESIDENCE (# NURSING HOME 130 STATE 136 COL Bal	or other institution, give residence berunty 130. City or to 2111	ORE ADMISSION) WAN 134 INSIDE CITY LIMITS? YES \(\text{VES} \) NO \(\text{P4} \)	7 Lastgate Road	
14 FATHER'S NAME		15. MOTHER'S MAIDEN N	9	
FIRST Tu	ther Dixon	FIRST	Wunder Tyso	
George Lu 160 WAS DECEASED EVER IN U.S. A			ADDRESS	211
	IVE WAR OR DATES)		irron Owings Wills	W. 2 2444 F
			Post (a)	VICE 2111
PART I. DEATH WAS CAUS	only one cause per line for (a), (b), o SED BY:		BETWEEN	ONSET AND DEATH
IMMEDI	ATE CAUSE (a)	DIO- RESPIRATOR	y TRREIT	
410-	DUE TO, OR AS A CONSEQ			
Canditions, if any, which gove rise to immediate	(b) Figure	TE MYOCARDIA	L INFECCION	
cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQ	DUENCE OF		
	((c)			
	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART II	SEAS
ARTERIOS CLORAS NAME 190 DATE OF OPERATION 5-2-80 210. ACCIDENT WAS UNDERLYING	TIS MELLITUS!	CLA CONTRAD - VAS	200 AUTOPSY? 200. IF YES, WERE FIND II	
5-2-80		ASTROSTOMY	IN CERTIFYING CAUSES	
2 2 200			YES NO YES	NO []
			RRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M.	19		
OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY	STATE
WHILE NOT WHILE AT WORK		137 Fabruary		
	pital) attended the deceased from			that (I) (we) last
	nat) view the bady after death.	80, and that in (my) (our) apinio	death accurred on the date and hour and fram the	
22b. SIGNATURE	1	DEGREE	22t. DATE	SIGNED
(0)	ussu S	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-80
224. PHYSICIAN'S NAME (TYPE		22e ADDRESS		
CECANDO 1	B. CONGHAN,	md. BEGH -	CANDALLSTONA And. 211	33
230. BURIAL, CREMATION, REMOVA	AL 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN COUNTY	STATE

DHMH-16 25M (VRA 15, 4) 1/79

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic

24 FUNERAL DIRECTOR
William E E.

May 14, 80 Moreland Mem. altimore

Co

Burial

25e. DATE REC'D. Johnson 8521 Loch MAY 1 Blvd Raven

BY REGISTRAR 236. REGISTRAR'S SIGNATURE 2 1980

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

17h. KIND OF BUSINESS OR

INDUSTRY

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST 20. DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) Dobrodev Roman 1980 May 3. SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH Male White HOURS January 10 1902 78 7a. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Baltimore County

YES T

Poland WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Brooklyn 4702 Charleston St.

18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 138 COUNTY 131, CITY OR TOWN 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?

Raltimore Maryland 14. FATHER'S NAME MIDDLE

FOR

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MPORTANT

CERTIFICATION

MEDICAL

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Steve 160 WAS DECEASED EVER IN U.S. ARMED FORCES? TYES, NO OR UNKNOWN) I HE YES GIVE WAR OR DATES!

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gave rise to immediate couse (o), stating the

PART 2. OTHER SIGNIFICANT

21g. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

19a, DATE OF OPERATION

71d. INJURY OCCURRED

22b. SIGNATURE

cause

Sacral

underlying

Severe

Dobrodev 166 SOCIAL SECURITY NO.

216-28-9223

17. INFORMANT

NO

15. MOTHER'S MAIDEN NAME

Dorothy

ADDRESS

Nicklas Dobrodev, 4702 Charleston St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ancer of Signoid Colon with Metastasis to Bone.

20a AUTOPSY?

12a USUAL OCCUPATION

13e STREET ADDRESS

3914 8th St

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Retired

MIDDLE

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

71e PLACE OF INJURY

de lewould D. D

5-10-80

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110'1 Decibitos, Afteriosclutia Cononcy Vosculer Disease, Left auteria hamiltock - heart 196, CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

71f. LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

NOF

NO [

STATE

COUNTY

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED 80

77d PHYSICIAN'S NAME (TYPE OR PRINT) Hichael Schwartz Mas 77e ADDRESS 606

St. Andrews Cemetery

231. NAME OF CEMETERY OR CREMATORY

DEGREE

Hammonds Lane 23d. LOCATION

CITY OF TOWN

Baltimore, Md.

24 FUNERAL DIRECTOR

(SPECIFY)

& Zeiler

Burial

230. BURIAL, CREMATION, REMOVAL

Inc.

220.1 certify that (1) (this hospital) attended the deceased fram. sow the deceosed alive on obove, (I) (we) (did) (did not) view the bady after death

23b DATE

1901 Eastern Ave. /21231

250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE tistre Malready

DHMH-16 60M 1/73 (VR A 15 (4))

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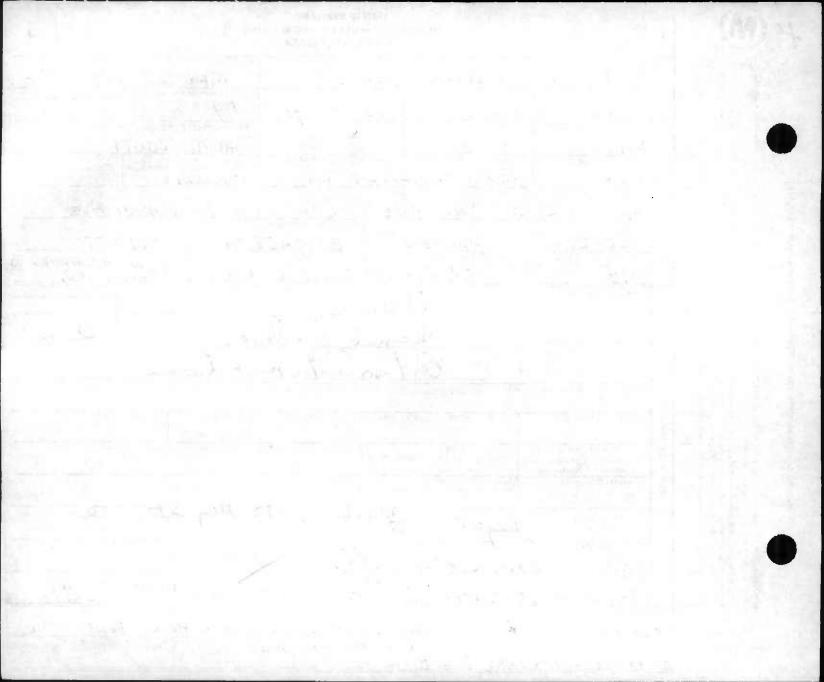
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13	2-1	I	tem 18b	G544	DIVISION OF	VITAL RECORDS	STATE	DEPARTI RESTON S	MENT OF HEAI TREET, BALTIMO	LTH RE, MARYLAND 21:	201 6	0 4
	10						CERTIFIC	ATE OF	DEATH	0,0	1. 1 0	0 4
4. /	4 NA9 a		ECEASED-NAME	First		Middle		Last		. DATE OF DEATH		2b. HOUR
	dea de		Type or print)	Lo	la	Louise		DORSE	Y	May Month 2	5 1980 Year	
	for the for	3. 5		1671	4. RACE			S. DATE OF	BIRTH	6. AGE (In ye	OFS IF UNDER 1 Y	YEAR IF UNDER 24 HRS.
	the ages ages rs aft	0	FEMALE		CAUC	ASIAN		SEPT	EMBER 17	, 189 1 dast bir 918	YRS. MONTHS	DAYS HOURS MIN
0	iin 24 hours after filled in by the fu papers. Pages thin 72 hours after	7o.	BIRTHPLACE (Stote or MARYLAN)	foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MA		UNTY OF DEATH altimore Co	an tae	Md
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	amplete	T3a.	USUAL RESIDENCE (Wission) YSTATE ND	here deceas	ed lived, if institution 13b. COUNTY	RANKTIN itan: Residence befare ALTO.	13c. CITY OR ROSEI		13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMI	BER YBURN F	
	cian and co	14.	FATHER'S NAME	First	Middle	Lost ALLBRI		. MOTHER'S A	MAIDEN NAME First		ddle	Last
	ertificate be exe physician and con please remonand, and the and the analysis of the physician and the	160	. WAS DECEASED EVER (es.no. or unknown)	IN U.S. ARA	MED FORCES? var or dates af service)	166. SOCIAL SECURITY		NFORMANT LLIA	M DORSEY	1804 WEY	lress BURN RI	0.
	equires that the death certific physician. signed by the attending phys burial-transit permit. Then purial, crematian, ar remaval,		18. CAUSE OF DEAT PART I. DEATH	WAS CALISE	D RV.	ne far (a), (b), and (c)		Arre	s+		AF BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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	es tha iician. ed by al-tran al, crer		stating the underly		DUE TO, OR	as a consequence of acture of				Senilit		
	requires ag physici n signed e burial-		PART 2. OTHER SIGN	IFICANT CON	IDITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED TO	THE TERMINA	AL DISEASE OR CONDIT	TON GIVEN IN PART 1(a)		
	HYSICIAN: The low requires that the death certificate be executed within haspital or attending physician. s certificate has been signed by the attending physician and campletely fille ached for use as the burial-transit permit. Then please remaye carbon pospt. af Health priar to burial, crematian, ar remayal, and many event, within	CERTIFICATION	190. DATE OF OPERATI			ICH OPERATION WAS PE	RFORMED	20o. AUT		20b. IF YES, WERE FINE CAUSES OF DEATH?	DINGS CONSIDERED	IN CERTIFYING
	PHYSICIAN: e haspital or his certificate stacked far u Dept. af Heal	MEDICAL CE	21a. ACCIDENT WAS OR CONTRIBUTING [] flf either, natify men	cause of DEAT lical examin	HOUR A.M. P.M.	Manth Doy Year	9			re af injury in Part 1 ar I	Part 2, Item 18.)	
	bing PHYSICI by the haspit of this certified the be detached State Dept. of	W	21d. INJURY OCCURE While Nat while at wark at wark			AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				City or Tawn	Caunty	State
			22a. I certify the saw the de causes stat	ot (I≯(thi ceased a ed abave	s haspital) atto ive an May XI) (we) (did)	ended the decease (XIXIXXX) view the	ed from <u>Ma</u> 9 <u>80</u> , and body after d	rch 2 that in (r eath.) (our) apinion	ta <u>May 25</u> deoth accurred an t	_, 19 <u>80</u> , t he date ond h	hat (A) (we) last aur and from the
•	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		22b. SIGNATURE	16	D+		DEGRE	ATTENDI PHYS.	DIRECTO	STAFF PHYS.	22c. DATE SIGNED	
	Fage 4 may be Foge 4 may be For FUNERAL DIR director, page 3 shauld be filed				1 Machad					in Square D	rive 21	237
1111	Page 10 FUI direct shau		BURIAL, CREMATION,	23b. [5	28/80	23c. NAME OF OAKLA		REMATORY		LOCATION (City or Town BALTO.	,	MD.
711	VR A15 (4) 45M - 1/69	24.	FUNERAL DIRECTOR	ack	(211	chesac	· Ae	43	250. REC'D BY REG	ISTRAR 1986 REGIS	TRAR'S SIGNATURE	M's Creedy

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(MAN)
S. S. S. S. L.

(M)		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO		605
be be softh	1. DE	CEASED NAME FIRST OR PRINT) EDITH	LILLIAN	DOWNEY	20. DATE OF DEATH	28. 1980	6.30 A.M.
or, ofte	3. SE		RACE	S DATE OF BIRTH MONTH FEB. 5 1901	6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS AYS HOURS MIN.
funeral direct thin 72 haurs of est ance.	C	MD.	U.S.A.	**MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO, C	COUNTY	MD.
by the filed wi	E	TY OR TOWN OF DEATH	18 NOT IN SURH FACILITY, GIVE STREET	AFRAS Roll	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOUSEWIF	WORKING LIFE) INDUS	D OF BUSINESS OR TRY
should be in serimust be		AL RESIDENCE (IF NURSING HOME ORC TATE 13b COUNT		YES NO D		THORN H	1 VE
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Page:		VAS DECEASED EVER IN U.S. ARM res, no or unknown) (IF yes, give v	LED FORCES? 166 SOCIAL SECTION OF THE PROPERTY	2257 GRACE E	CASSELL	BALTO,	SAFRAS R MD, PROXIMATE INTERVAL JEEN ONSET AND DEATH
n signed by the attending physicia Then please remave carbanpapers. • ta burial, crematian, ar remaval. injury, or other traumatic event, the	NOI	PART 1. DEATH WAS CAUSED IMMEDIATE Conditions, if only, which gove rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENT OF THE CONSEQUENT OF	The of leave of the v	ase disease or cone	DITION GIVEN IN PAR	2 mu'
icate has beer ransit permit. Hygiene priar 18 shaws any i	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FII IN CERTIFYING CAL YES	NDINGS USED JSES OF DEATH? NO
pital ar attending pl TOR: After this certif for use as the burial-t of Health and Mental 21 is marked ar ttem	MEDICAL CER	710. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHILE ☐ NOT WHILE ☐ AT WORK ☐ NOT WHILE ☐ Sow the deceosed clive on obove, (1) (we) (did) (did nob	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 31) attended the deceased from	19 21f. LOCATION	CITY OR TOW	N COUNTY	STATE STATE , that (j) (we) lost
FUNERAL DI sold be detach the the State De PORTANT: If It		276. SIGNATURE 276. PHYSICIAN'S NAME (TYPE OR	merskl	The ADDRESS	MEDICAL STAF		MD 21226
BP	1	CURIAL, CREMATION, REMOVAL	5-30-80 W	NAME OF CEMETERY OR CREMATORY ESLEY CHAPEL CE	M. ROCK HA	LL KEN	state mo,
		JNERAL DIRECTOR		CHESTER MD, 25191		756 REGISTRAR'S SIG	



				STATE OF MARYLAND					
	1-	FOR STATE REGISTRAR	DEPARTI	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 6 0 6					
-	DEC	EASED NAME FIRST	MIDDLE	LAST	REG. No	O. MONTH DAY YEAR	Tay House		
	(TYPE C	OR PRINT)	N . 0 .		76. DATE OF DEATH	1 1	2h HOUR		
	D	DROTHY HO	A RACE	03K4	7. 105	5/21/80 HDAY) FUNDER 1 YEAR	7 PM		
3	3. SEX	F. 1	4 RACE	S. DATE OF TIRTH	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS			
		remale	White	Nov. 30, 1919	60	YRS.			
2		THPLACE (STATE OR FOREIGN UNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH			
133		Ind.	U.S.A.	WIDOWED DIVORCED	BAHIN	nore co	MD.		
	0 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	12a. USUAL OCCUPATE		OF BUSINESS OR		
011	Mt	wilson	Mt. Wilson	Hospital Center	CLERK	Hos	spital		
at be	USUA 13a. ST	L RESIDENCE (IF HURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		113e STREET ADDRESS				
1		Md. CAL	Roll Sykesi	(1) e YES NO DA	7532	Dogwood	DR		
	4. FAT	HER'S NAME	MIDDLE (JAST	15. MOTHER'S MAIDEN NA	ME	0 .	ACY		
Oc so		JAmes	EdWARD Gree	KAND		Byr	25		
		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRE	SS O	1		
med	112	No	- 219013	7976 Betty CDE	Ken Suk	Zesuille. M	ld.		
the		18. CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), an	d (c).)	1	APPRO	DXIMATE INTERVAL N ONSET AND DEATH		
vent, t		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0) SEPS	15	0				
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ony	RTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	INGS USED		
SMO	Ĕ				YES X NO	IN CERTIFYING CAUSE	NO		
la sho	W T	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR		LY IN ITEM 18, PART 1 OR PART 2)			
	¥	OR CONTRIBUTING CAUSE OF DEA		19					
- 10	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION					
		WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOW	VN COUNTY	STATE		
			tol) attended the deceased from_	4/22/00 19	10 5/21/c	ون او	, that (& (we) last		
		sow the deceased alive on	5/21/20 19		death accurred on the de				
		22h. SIGNATURE	t) view the body ofter death.	DEGREE		22c. DAT	TE SIGNED		
		91// (.	5/1/20	ATTENDING	MEDICAL STAF				
-		22d. PHYSICIAN'S NAME ITYPE O	R PRINT)	PHYSICIAN [DIRECTOR PHYSIC	IAN LU 3/Z	-1/80		
OK AND AND AND AND AND AND AND AND AND AND		01	Bulleton TI	11 7	e e e e e	61.701			
2	20 B1	FISWITED W. S	CHARTER TR.	MT. WIL		SPITAL			
1.		CIFY] ,	The second of th	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE		
2	A FILE	VERAL DIRECTOR	5-24-80 0	ake very cometing	E PEC'D BY PEGISTRAP	25b. REGISTRAR'S SIGNA	IM.		
7		NAME YI) HOUR	ADDRESS !	mad MAY 2		130. REGISTRAR'S SIGNA			
	/ 1	TO DIE LOU' / LOUY	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2//// SETAL A					

	FOR 1 - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	NO.	1	5	0 7
1	1 DECEASED NAME FIRST (TYPE OR PRINT) WILL!	AM E.		uff	20 DATE OF DEATH	монтн 05		80	26. HOUR 3:07 PM
	3 SEX Male	White	S DATE O	DF BIRTH 21, 1908	6 AGE (IN YEARS LAST I		IF UNDER	DAYS	IF UNDER 24 HRS HOURS MIN.
F	70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	U.S.A.	OUNTRY? MARRIE	D NEVER MARRIED	1 BALTIMORE CITY TOWSON	OR COUNT	Y OF DEA	TH	MD
1	BALT I MORE	DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (17 NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GBMC. (17 PE OF WORK FOR MOST OF WORKING LIFE)				FE) INDU			
5	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COL	NTY 13c CIT	DENCE BEFORE ADMISSION) Y OR TOWN L timore	134 INSIDE CITY LIMITS?	13ª SIREET ADDRES	ynne F	Rđ -	\.	
0	14 FATHER'S NAME FRIST JOHN	MIDDLE Duff	LAST	15. MOTHER'S MAIDEN NA/ Annie					
	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	CIAL SECURITY NO. 13-09-3198	17 INFORMANT Mrs Adela M		RESS	Same	1	1
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS			PIRATORY AR	REST		_BE I	PPROXIV	MATE INTERVAL INSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A C	TASTATIC	CA. OF LUN	IG				
	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A C	ONSEQUENCE OF						

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NOF YES [NO [] 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 218. ACCIDENT WAS UNDERLYING MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (F EITHER, NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 10 80 228.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive an 05/21 19 19 80 and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated above, (1) (we), (did) (did not) view the body after death. 226 SIGNATURE 22¢ DATE SIGNED DEGREE ælu ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME TYPE OR PRINT) 22e ADDRESS GREATER BALTIMORE MEDICAL CENTER SHURE IH

TO FUNERAL DIRECTOR: After this certificate has beer should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If Item 21 (VRA 15, 4) 1/79

filled in

Ne

DHMH-16 25M

marked or Item 18

23a BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY Holy Redeemer

134 LOCATION
CHYORTOWN
Baltimore, Maryland

STATE

Burial 24 FUNERAL DIRECTOR

(SPECIFY)

Leonard J Ruck Inc. Baltimore, Maryland

5/24/80

250. DATE REC'D. BY REGISTRAR 256. BY MAY 2 2 1980

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2/	3. SE	EX	4 RACE		E OF BIRTH	6 AG	
to the		Female	White	MO	NTH 29 97		
To hou	7a. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ireland	16 CITIZEN OF		RIED NEVER MARRIED	9 BA	
1	10 C	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOM	DIVORCED DE OR OTHER INSTITUTION	12a U	
in by the face filed within be notified or		ossville	Manor Care Nursing Home-Rossvill				
filled ould be	13a.	JAL RESIDENCE (IF NURSING HOME OF STATE 13b. COUN	ROTHER INSTITUTION	ARBUTIS	13d INSIDE CITY LIMITS? YES NO X	13e S	
completely 1 and 2 sh	14. F.	ATHER'S NAME Patrick	MIDDLE	Dougherty	15 MOTHER'S MAIDEN NA FIRST Margaret		
Poges 1		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO	17 INFORMANT		
nding physicion ond corbonpopers. Poges, or removal.		no		216-34-8170	John E. Duff	у,	
n signed by the ottending. Then pleose remove corb to buriol, cremotion, or r injury, or other froumotic	NO	couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT ((c)_	OR AS A CONSEQUENCE OF		AINAL E	
is certificate has been buriol-tronsit permit. Il Mental Hygiene prior them 18 shows ony in	CERTIFICATION	190. DATE OF OPERATION	19b. COND	NTION FOR WHICH OPERAT	ION WAS PERFORMED	200	
Mentol Hygiene or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH DAY YEA		RED (E	
morked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINFR) 216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	.M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.]	211. LOCATION		
for us of He 21 is	3	22a.1 certify that (I) (this haspi saw the deceased alive on above, (17 we) (did) (did no	10:25 A	M 5/10/ 19.80	ond that (my) (our) opinion	deoth o	
Stote Dept		22b. SIGNATURE	Agen	M'	DEGREE ATTENDING PHYSICIAN	MEI	
MPORTANT		22d. PHYSICIAN'S NAME (TYPE O		/	2110 Pot Sy	ri	
should b			T .	Tax		Too	

FOR

REGISTRAR

DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 26 HOUR E | IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS LTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bon Secours Hosnital TREET ADDRESS McDonald ADDRESS 4 Hillside Road 21228 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA DISEASE OR CONDITION GIVEN IN PART 10 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON NTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE that we) lost ccurred on the date and hour and from the couses stated 22c DATE SIGNED DICAL STAFF 22e ADDRESS 23d LOCATION CITY OF TOWN 231. NAME OF CEMETERY OR CREMATORY Maryland

236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STORY BUTIAL 5/13/80 New Cathedral Cem. Baltimore, Marylan 24 FUNERAL DIRECTOR 1630 Edmondson Averages, Catonsville, MD 25c. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Witzke Funeral Home of Catonsville, P. A. 21228 MAY 1 4 1980

430

DHMH - 16 50M 7/77 (VR A 15 (4))

The Colombia Principle of the Month of the Market of the State of the Light to the control of the control

DIVISION OF VIT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 28 DATE OF DEATH MONTH DECEASED NAME FIRST (TYPE OR PRINT) ROY FRANKLIN DUNCAN MAY 10, 1980 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 7/12/1925 MALE WHITE 54 YRS TE BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND U.S.A. BALTIMORE COUNTY WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
8139 BULL NECK ROAD (TYPE OF WORK FOR MOST OF WORKING LIFE) DUNDALK TRUCK DRIVER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTO DUNDALK 134 INSIDE CITY LIMITS? 13s. STREET ADDRESS MARYLAND 8139 BULL NECK ROAD YES | NO X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE HERMAN DUNCAN EDITH ADDRESS 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) DEBORAH RAY 8206 NORTHVIEW ROAD (YES, NO OR UNKNOWN) 219.10.2331 DUNDALK, MARYLAND 18. CAUSE OF DEATH (Enter only one cause per line july a), (b), and/co. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE IO AS A CONSEQUENCE OF ronar Conditions, if any, which

gave rise to immediate (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ATRIBUTING/ODE ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN A PART LL 206. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED IN DATE OF OPERATION 70e AUTOPSY IN CERTIFYING CAUSES OF DEATH? NON YES [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21f LOCATION 21s PLACE OF INJURY CITY OF YOMN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE AT WORK AT WORK 22s I certify that (1) (this hospital) attended and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated

DEGREE

23c NAME OF CEMETERY OR CREMATORY

OAK LAWN CEMETERY

22s_ADDRESS

DHMH-16 25M (VRA 15, 4) 1/79

9 N

other

à

COE.

ō

PORTANT:

CERTIFICATION

77h 512 SLATURE

BURIAL

23s. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR WALTER BROOKS BRADLEY INC., DUNDALK, MARYLAND

5/13/1980

23b. DATE

258. DATE REC'D, BY REGISTRAR 254 STRAR'S SIGNATURE

COUNTY

STAFF

MEDICAL

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

234 LOCATION CITY OR TOWN BALTIMORE

ATTENDING

DAY

IF UNDER LYFAR

INDUSTRY

WORTH

2b. HOUR

1:00 IF UNDER 24 HRS

12h KIND OF BUSINESS OR

COUNTY GOV'T.

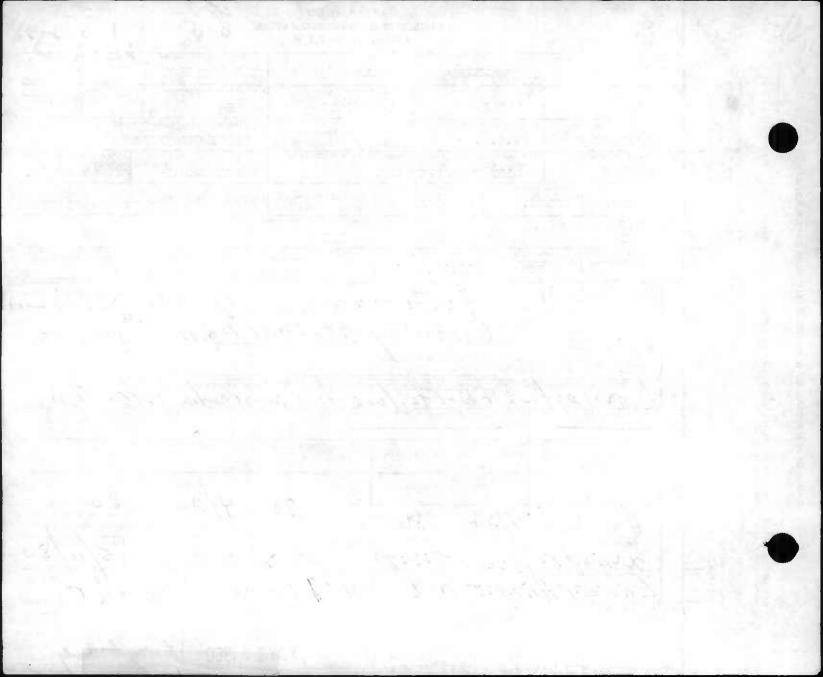
APPROXIMATE INTERVAL

THE DATE SIGNED

MARYLAND

STATE

21222



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after jetained by the hospital or attending physician.

Page 4 may be

	1.05	REGISTRAR	FIRST		IDDLE		ICATE OF DEATH	REG. NO.	H DAY	YEAR	
	ITYPE	CEASED NAME ORPRINT)									2b. HOUR
1	-		ARGARI	RACE	Ε.	5 DATE C	UNN	6 AGE LIN YEARS LAST BIRTHDAY)	05	80 NDER 1 YEAR	8:50
1000	3 SE	Female		White		MONTH			MONT		HOURS A
36	7a. BI	RTHPLACE (STATE OR FO		USA	VHAT COUNTRY?	WIDOWE	DIVORCED	BALTIMORE CITY OR CO			
56		Towson 21	104	0/01 /	. CHAR	LES S	GBMC TREET	12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Housewife	KING LIFE]	26. KIND OI NDUSTRY Hon	BUSINES!
35	USU.	AL RESIDENCE (IF NURSI STATE ryland	Balti	more	ESSEX	1221		130. STREET ADDRESS 1525 Alcor	bury	Rd.	
30	14 FA	THER'S NAME FIRST AMES	Hart.	love	LAST		IS MOTHER'S MAIDEN NAM	Groves MIDDLE		LAST	
	16a V	VAS DECEASED EVER I	N U.S. ARME		166 SOCIAL SECT		17 INFORMANT	ADDRESS	-10		
		(ES, NO OR UNKNOWN)		-	213 28	3335	George Dunn	, Husband	Sa	me	
		IE CAUSE OF DEATH	(Enter only	one couse per l						APPROXI	MATE INTERVA
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		1991			AS A CONSEQU	ENCE OF					
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		gove rise to imm couse (a), stating	g the	DUE TO, OR	AS A CONSEQU	ENCE OF				0 1/	C 4 D 0
		underlying couse	lost.	((c)	DIFF	USE M	METASTATIC (ANCER		2 Y	EARS
níui À	NO	PART 2 OTHER SIGN	IFICANT CO	NDITIONS <u>CO</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITIO	N GIVEN I	N PART 110	1
, d	CERTIFICATION	196 DATE OF OPERAT	ION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED			ERE FINDING CAUSES	
1	Ě							YES NO	YES [NO []
0	GE	21a. ACCIDENT WAS UND		216. TIME OF		AY YEAR	21c HOW INJURY OCCUR	ED JENTER NATURE OF INJURY IN IT	EM 18, PART 1	OR PART 2)	
	3	OR CONTRIBUTING C		P.A	_	19					
1 /	MEDICAL	21d. INJURY OCCURR		214 PLACE C	F INJURY ET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	(OUNTY	STAT
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		22a L costifue that (I)		One noed inc	TOE TOWN	80	nd that in (my) (our) apinion (death occurred on the date or	nd hour one		
7 ZI IS marked or II		220.1 certify that (I) sow the decease				, 01					
item zi is marked or it		220.1 certify that (1) sow the decease aboye, (1) (we) (d					DEGREE			22c DATE	SIGNED
		220.1 certify that (I) sow the decease above, (I) (we) (d	id) (did not) v	new the body o	ofter death.		DEGREE ATTENDING	MEDICAL STAFF	5-	22c DATE :	
		220.1 certify that (1) sow the decease oboye, (1) (we) (d	id) (did not) v	Mul.	ofter death.		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN			
The state of the s		220 I certify that (I) sow the decease oboye, (I) (we) Id The SIGNAPURE THE PHYSICIAN SINA	ME (TIME OF M	Mul	ofter death.		ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	ICAL	05/	05/8
II ttem z i is marked		220 I certify that (I) sow the decease oboye, (I) (we) (d) TH SIGNATURE THE PHYSICIAN S NA DR • VIR	ME (TIPE OF IN	KRAN	ofter death.	m 5	ATTENDING PHYSICIAN COMPANY AND PHYSICIAN CO	DIRECTOR PHYSICIAN	CAL	05/	05/8
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STATE OF MARYLAND

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DHMH-16 25M (VRA 15, 4) 1/79

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STATE OF MARYLAND

	1 -	STATE REGISTRAR			011	MIM	CERTIFIC	ATE OF DE	EATH	THE O	REG. N	10.		0		
		CEASED NAME FIR	RST	,	MIDDLE		LAST			20. DATE O	FDEATH	MONTH	DAY	YEAR	2b. HOU	JR
	(1176	Nac	mi		Τ.		Dunr)				5	25	80	1:15	PM
	3. SEX			RACE			5. DATE OF	BIRTH		AGE (INY	EARS LAST BIR	THDAY)	IF UNDE	_	IF UNDER	
H		Female		Whi	te		MONTH	10	191/		56	YRS	MONTHS	OAYS	HOURS	MIN
-		RTHPLACE (STATE OR FOREIG	N 71	CITIZEN OF		NTRY?	8	7		9 BALTIMO				ATH		
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1	10 CI	TY OR TOWN OF DEATH	1				G HOME OR			12e USUAL	OCCUPAT	ION	12b.	KINDO	F BUSIN	
1		Dundalk		1612	Four	Geo	rges	Ct. 2	21222	HOT	isew.	ife	(ME) IND	H	ome	
5	13e S	AL RESIDENCE (# NURSING FOTATE	COUNT Balt		13c. CITY O		ا ا	II. INSIDE CIT	Y LIMITS?	13 4 BEFT	ADD#ESS	ur G	eorg	es	Ct.	21
6) =		THER'S NAME		DOLE					MAIDEN NA	ME						
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/		VAS DECEASED EVER IN L res, no or unknown) (IF		ED FORCES? VAR OR DATES)	166 SOCIA 216-		7820	Linda	N. I	Pucci	Same		13e			
		Conditions, if any, wh gove rise to immedi couse (o), stating	CAUSED MEDIATE nich ote the ast.	BY. CAUSE (a) DUE TO, O (b) DUE TO, O (c)	Lung R AS A CON	Canc isequei	CE OF	spine a	astases and liv	ver.			par		MATE HITE ONSET AND	
7	CERTIFICATION	190 DATE OF OPERATION	7	196 COND	ITION FOR V	WHICH (OPERATION '	WAS PERFOR	MED	20a AUTO	OPSY?	IN CER	TIFY ING (TH?
7		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	, , , , , , , , , , , , , , , , , , , ,	FINJURY M. MONT M.	TH DA		IIc HOW INJ	URY OCCUR					PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY,	OFFICE, FA		If LOCATION STREET	N		CITY OR TO	IWN	cou	INTY	s	STATE
		22a.1 certify that (I) (this sow the deceased a above, (I) (we) (did)	s hospita ilive on _ (did not)	May 12 view the body	ofter death.	O'S		that in (my) (, 19our) opinion (, toMi				rom the	that (I) (couses st	tated
1		274 PHYSICIAN'S NAME	Kyan on	9 0	fon			A1 P	TENDING HYSICIAN []	MEDICAL DIRECTOR	STA PHYSI			May	27,	198
		C. S.		n, M.D.				100 1	N. Broa	adway	В	alto.	, MD	21	1231	
	23a E	BURIAL, CREMATION, REM	AOVAL	236 DATE 5/2	9/80	23c. N	OakLa		REMATORY	23d. LOC	ATION TO TO		COUNTY	,	Ma	TATE

5/29/80 OakLawn

Wise .

21222 Ave.

25a. DATE REC'D.

Md. REGISTRAR 256. REGISTRAS SIGNATURE

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requires that the death certificate be executed within 24 hours after

TO HOSPITAL OF ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

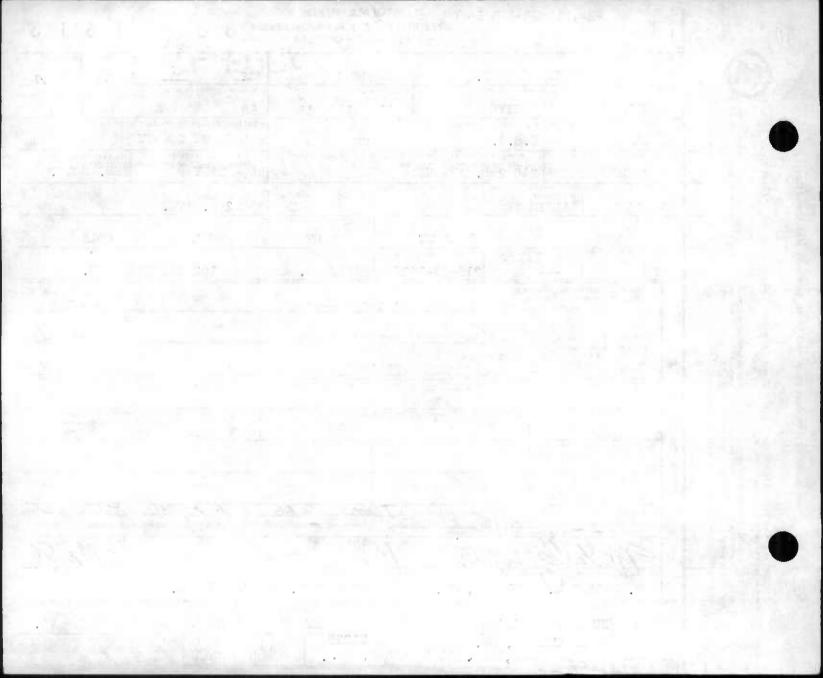
	FOR STATE REGISTRAR	DE	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0		1 6	12
200	I. DECEASED NAME FIRS	MIDDLE	U	NST		MONTH DAY	YEAR 2	26. HOUR
ge 3	Edi	na 5.	Ec	kenrode		5 11	80	5:45 pu
AL BA	3. SEX	4 RACE	5. DATE O		& AGE JIN YEARS LAST BIRT	HDAY) # UN		IF UNDER 24 HRS
98	female	white	10	28 89	90	YRS		MIN MIN
in 72 hou	Pennsylvan:		MARRIED WIDOWE	NEVER MARRIED	Baltimore city o	_		MD.
by the fu	Catonsville	11. NAME OF HOSPITAL, I IF NOT IN SUCH FACILITY, GN Frederick V	VE STREET ADDRESS)		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Clerk	F WORKING LIFE) IN	NDUSTRY	BUSINESS OR
filled in ould be f	13a STATE 13b (ME OR OTHER INSTITUTION, GIVE RESIDEN COUNTY 13c CITY O Balto. Cato		134. INSIDE CITY LIMITS?	13. STREET ADDRESS Baltimore	711 Aca		
ond 2 she exominer	14. FATHER'S NAME FIRST UNKNOWN	MIDDLE 5	ŝharp	15 MOTHER'S MAIDEN NO. FIRST UNKNOWN	AME			XXXXXX
Pages I	160 WAS DECEASED EVER IN U. 1765, NO OR UNKNOWN) 16 TO	S. GIVE WAR OR DATES)	07-0112		ock Eckenrode gage Road. I		e.Md.	21207
g physicia ionpopers removal event, the	PART I. DEATH WAS C.	er only one cause per line for (a), AUSED BY: DIATE CAUSE (a)		UA.			APPROXIMA BETWEEN ON	ATE INTERVAL
y the ottendir re remove cort cremotion, or treat troumatic	Conditions, if any, which gave rise to immediate cause (a), stating it underlying cause los	DUE TO, OR AS A CON	uluss	cleve (aulio //s	o Des	- 4	fra
in signed b Then pleas in to burial, injury, ar a		NT CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TER	minal disease or coni	DITION GIVEN IN	V PART 1(a)	
hos been to permit the permit tows only	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WE IN CERTIFYING YES		
g physici ertificate nal-trans ntol Hyg tem 18 sh	OR COLUMN TO COLUMN	DE DEATH HOUR A.M. MONT	TH DAY YEAR	21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
offendin ter this c is the bur h ond Me	GIF EITHER, NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE ATWORK ON ATWORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOW	'N C	OUNTY	STATE
CTOR At I for use of of Health	saw the deceased ali	e on	19 80 on	d that in (my) tautopinion	death occurred on the do	19 ite and hour and		at (I) (we) lost ouses stated
AL DIRE	22b. SIGNATURE	Party !	L n	ATTENDING PHYSICIAN	MEDICAL STAP	F	22c. DATE SP	GNED 12-86
of or or or or or or or or or or or or or	CLIFF	HATLIFF	VR. Mi	5772 W	ESTULEN	MALL	, T	AND.
BP	230 BURIAL, CREMATION, REMO	DVAL 236. DATE 5/14/80	230 NAME OF CE	METERY OR CREMATORY In Cometery	23d LOCATION CITYORTOWN Baltimor	COUN		state vland
DHMH-16 20M (VRA 15, 4) 7/78	24 FUNERAL DIRECTOR 163	D Edmondson Ava	Res CAtons	sville, Md 250 DA	TE REC'D. BY REGISTRAR			

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Frederick Villa Horsing Scatter . con

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, retained by the hospital or attending physician.

	FOR STATE REGISTRAR	2a,Film(3543 5/14/	DEPARTME	NT OF HEA	FMARYLAN LTH AND ME ATE OF DE	NTAL HYG	IENE 8	Q REG. NO	1	1 6	1 3
0	I. DECEASED NAME (TYPE OR PRINT)	CARRIE	B.		EDMO	NDS		20. DATE O		ONTH DAY	YEAR 80	2b. HOUR
rector irs aft once.	3. SEX FEMALE	4.	RACE WHITE		DATE OF B	DAY	YEAR	AGE (INY	EARS LAST BIRTHI		UNDER I YEAR	IF UNDER 24 HRS
72 hours	70. BIRTHPLACE (STATE) COUNTRY) MARYLAND		CITIZEN OF WHAT	1	MARRIED C) NEVER MA		9 BALTIMO	MORE C	COUNTYO	FDEATH	MD
by the fu	LANSDOWNE		1. NAME OF HOSPI (IF NOT IN SUCH FACIL 240 2ND.	TAL NURSING	HOME OR C	<u> </u>	NOITU	120 USUAL (TYPE OF WOR SECRE	OCCUPATION FOR MANAGEMENT OF THE PROPERTY OF T		126. KIND O	F BUSINESS OR
filled in luld be fill	USUAL RESIDENCE (IF) 130 STATE MARYLAND	136 COUNT BALTI	Y 13c. C	ESIDENCE BEFORE AS LITY OR TOWN NSDOWNE	1130	I INSIDE CITY	LIMITS?	13. STREET 240 21	ADDRESS	Ε.		
nd 2 sho	14. FATHER'S NAME FIRST ALONZA		DDLE BA	ARNETT	15.	MOTHER'S M	ST		THEL		COLE	
Pages 1 ar	160 WAS DECEASED ET (YES, NO OR UNKNOWN NO		AR OR DATES)	5-05-32		INFORMANT ARTHA		10NDS	ADDRES	s ATRICI	A AVE.	
signed by the attending physi en please remove carbon papes to burial, cremation, or remove rinjury, or other traumatic ev	Conditions, if a gave rise to couse to, st underlying co	IMMEDIATE Dany, which immediate aring the ouse lost.	DUE TO, OR AS A (b) C	Myocare A CONSEQUENT OTONATY A CONSEQUENT A CONSEQUENT	dial i CE OF arter CE OF XXXXX	y dise	ase betes			IT ION GIVEN	Devela Bever	al years
icate has beer sit permit. Th lygiene prior 18 shows an	I I I DATE OF OPE		196. CONDITION	n/a		AS PERFORM		YES T	NO	20b. IF YES, V IN CERTIFYN YES (NG CAUSES	
fter this certif he burial-tran and Mental H arked or Item	OR CONTRIBUTING (IF EITHER, NOTIFY M 21d. INJURY OCC WHILE IN NO	CAUSE OF DEATH EDICAL EXAMINER) URRED		JURY	YEAR 19	I LOCATION STREET		ten tenter in	CITY OR TOWN	· · · · · -	COUNTY	STATE
DIRECTOR: A hed for use as t Dept. of Health If Item 21 is m.	220.1 certify that	(I) (this hospital	ottended the deco	19 %	, 0110 11	REE		/				
should be detact with the State [IMPORTANT:	22d PHYSICIAN'S DR. WII		GALLAGER,	JR.		ATT PHY Re ADDRESS TINE HG	100	MEDICAL DIRECTOR WILKE		AN []	5/11	My80
P	230. BURIAL, CREMATIC (SPECIFY) REMOVAL/BI	JRIAL	236. DATE 5/8/80			ETERY OR CRE		SOUT!	ATION PRIOWN HHILL	MECKL	INBERG	S VA.
OHMH-16 25M /RA 15, 4) 1/79	24 FUNERAL DIRECTOR HUBBARD FT	BALTIM JNERAL H	ORE, MD. OME, INC.	4107 W		1229 AVE,	250. DATE	Y 6	egistrar 2	Sb. REGISTRA	R'S SIGNATI	URE



	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page #may retained by the hospital or attending physician.	
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21	s after di	d in by the funeral e filed within 72 h
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01 W. P	res that	ed by th ease rem rial, crer
ORDS, 2	aw requ	een sign Then pl or to bu
AL RECO	N: The l	ste has b permit. giene pri
OF VIT	YSICIAI	d-transit intal Hyg
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ING PH	After this the buris
0	ATTEND tal or att	CTOR: A
	TO HOSPITAL OF ATTENDING PHYSICIAN. retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	HOSPIT,	UNERA Id be det the State
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MPORTANT: If Itel

1.	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	IYGIENE	8 0 REG. NO).	1 1	6 1	4
	CEASED NAME	FIRST	,	MIDDLE	L	AST	2a. DAT	E OF DEATH	MONTH	DAY YEAR	26. HOU	R
	Sa	muel		D	Eich	elberger,		26,19			5:4	OP M
3. SE		-111111	4 RACE		5. DATE C	F BIRTH		(IN YEARS LAST BIRTI		MONTHS CIAYS		24 HRS
	Male		White		Mar	ch 1,1908	7		YRS.			
	RTHPLACE ISTATE OR FO	OREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED		IMORE CITY O	_			
Ma	ryland		U.S.A.		WIDOWE	THE NO.	□ Ba	ltimor	e Co	unty		MD.
	TY OR TOWN OF DEA	ATH		MEACHITY CIVE STORES	ADDRESSI	ospital	(TYPE OF	UAL OCCUPATION WORK FOR MOST OF	WORKING LI		of BUSINE	ess or ceel
Ma	al residence (# Nurs state ryland	Bal	other institution.		ADMISSIONI	13d. INSIDE CITY LIMITS	4.	Bayside	e Dr	ive, 2		
	amuel D.	,	Eic Eic	helberg	er,S	r. Anna	NAME	WIDDIE		Holi		
16a V	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	213-07-		Harry G.	Eich	ADDRE elberge		22 Hollto.,N		
	Conditions, if ony, gave rise to improve to improve to improve to improve to improve to improve the course (o), stating underlying cause	, which mediate ag the lost.	DUE TO, OI DUE TO, OI DUE TO, OI (c) P	R AS A CONSEOUE Lactic R AS A CONSEOUE OS SIble	Acido Acido NCE OF Seps			SEASE OR CONI	DITION GIV	VEN IN PART I	(01	
NO	Diabet					rtension						
CERTIFICATION	19a DATE OF OPERA					N WAS PERFORMED	YES	AUTOPSY?	IN CERTI	S, WERE FIND FYING CAUSE ES []		TH?
	210 ACCIDENT WAS UNI OR CONTRIBUTING [(IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	1100110 4	M. MONTH DA	YEAR	21¢ HOW INJURY OCC	URRED (ENT	ER NATURE OF INJUR	Y IN ITEM TB,	PART TOR PART 2		
MEDICAL	WHILE NOT WAT WORK AT WORK	HILE	21a PLACE ((AT HOME, STE	OF INJURY REE1, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOW	'N	COUNTY	51	TATE
	22a.1 certify that (1) saw the deceas above, (1) (we) (s 22b. SIGNATURE				<u>>€</u> . or	23 19.80 nd that in (my) (our opini DEGREE		May 26 curred on the do	ite and ho		, that (I) (i) e causes sta E SIGNED	-
		1	Man	han	_	ATTENDING PHYSICIAN	MEDI DIREC	TOR PHYSIC		3	126	
	22d PHYSICIAN'S N.	- 1	PRINT)			22e ADDRESS	Cana	are Hos	ni+	a]		

236 BURIAL, CREMATION, REMOVAL 235, DATE SPECERY OF CREME 1236 NAME OF CEMETERY OF CREMETERY Baltimore, Maryland 23¢ NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 25M (VRA 15, 4) 1/79

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	3. SEX	C 1	4 RACE		5 DATE C			YEARS LAST BIRTH		IF UNDER I YE	AR IF UND	DER 24 HRS
	2 00	Jemale		icasian	4	10 2:	_	> /	YRS.			
3		RTHPLACE ISTATE OR FOR		S. A.	MARRIEI WIDOWE	NEVER MARRIED		a Him		ount	,	W
58	-	WS ON		HOSPITAL, NURS CHEACILITY, GIVESTRE		or other institution	120 USUAL HOUSE	OCCUPATION OF PROPERTY OF CONTRACT OF CONT)N WORKING LIFE	12b. KIND INDUSTE	OF BUSI	NESS OR
25	0SUA 13a. S	L RESIDENCE (IF NURSINITATE	G HOME OR OTHER INSTITUTION 3b. COUNTY	I, GIVE RESIDENCE BEFO		13d INSIDE CITY LIMIT	S? 13e STREET	ADDRESS				
2			Baltimore	Carne	y_	YES NO 🕞		Satur	Hi 11	Road		
30	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN	INAME	MIDDLE			LAST	
50		George		debrand		Min	nie		Peter		LAST	
1			U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	166 SOCIAL SEC	CURITY NO.	17 INFORMANT		ADDRES				
/	(1	no	IF TES, GIVE WAR OR DATES)	236-30-	3016	Mr. Edward	T France	camo		KNOW		
		gove rise to imme		R AS A CONSEO	LIENCE OF					100		
1	FICATION	underlying couse	ICANT CONDITIONS CO	ontributing to	O DEATH BUT	NOT RELATED TO THE	TERMINAL DISEA		20b. IF YES,	EN IN PART , WERE FIN YING CAUS	DINGS US	GED ATH?
2	ERTIFICATION	PART 2. OTHER SIGNII 19a. DATE OF OPERATK	lost. (c)	ONTRIBUTING TO	O DEATH BUT	N WAS PERFORMED	200 AUT	OPSY?	20b. IF YES, IN CERTIFY YES	, WERE FIN YING CAUS	DINGS US SES OF DE NO	ATH?
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29	MEDICAL CERTIFICATION	UNDERLYING COUSE PART 2. OTHER SIGNII 190. DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA	ON 19b. COND ELYING DEATH EXAMINER) P. 21b. PLACE (AT HOME, ST.	ONTRIBUTING TO ITION FOR WHIC OF INJURY M. MONTH M.	D DEATH BUT TH OPERATION DAY YEAR 19	N WAS PERFORMED	200 AUT	OPSY?	20b. IF YES, IN CERTIFY YES	, WERE FIN YING CAUS	DINGS US SES OF DE NO	ATH?
21 is morked or flem 18 shows ony injury, or other fraumatic		PART 2. OTHER SIGNII 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF ETHER, NOTHER MEDICAL 21d. INJURY OCCURRE WHILE AT WORK 22a. I certify that ME sow the deceased	DN 19b. COND INTERIOR 21b. TIME C HOUR A. EXAMINER) P. D 21e. PLACE (AT HOME, ST bits hospital) attended the olive on	ONTRIBUTING TO	DAY YEAR 19 E, FARM, ETC.)	216 HOW INJURY OC	200 AUT YES CURRED (ENTER N	NO ATTACK OF INJURY	20b. IF YES, IN CERTIFY YES	, WERE FIN YING CAUS S CAUS COUNTY	DINGS US EES OF DE. NO	STATE
irem zi is morked or irem io snows ony injury.		PART 2. OTHER SIGNII 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF ETHER, NOTHER MEDICAL 21d. INJURY OCCURRE WHILE AT WORK 22a. I certify that ME sow the deceased	IOST. (C) FICANT CONDITIONS CON	ONTRIBUTING TO	DAY YEAR 19 E, FARM, ETC.)	216 HOW INJURY OC 216 LOCATION STREET 20 19 20 ad that in (my) (our) opin	ZOO AUT YES CURRED (ENTER N nion deoth occurr	NO ATTURE OF INJURY CITY OR TOWN	20b. IF YES, IN CERTIFY YES	COUNTY	DINGS US EES OF DE. NO	STATE (we) los stoted
is morked or Ifem 18 shows ony injury,		PART 2. OTHER SIGN II 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF ETHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOTIFY MEDICAL AT WORK 22a. I certify that of the sow the deceosed obove, (I) Amendment	ICANT CONDITIONS CONDI	ONTRIBUTING TO ITION FOR WHICE OF INJURY M. MONTH M. MONTH OF INJURY REET, FACTORY, OFFICE 2 19. ofter death.	DAY YEAR 19 E, FARM, ETC.)	216 HOW INJURY OC 216 LOCATION STREET 20 , 19 20 Id that in (my) (or) opic DEGREE ATTENDIN PHYSICIA	YES CURRED (ENTER N	NO STAFF	20b. IF YES, IN CERTIFY YES IN ITEM 18, PA	COUNTY 19 20 ond from 1	DINGS USES OF DE. NO.	STATE (we) lost stoted
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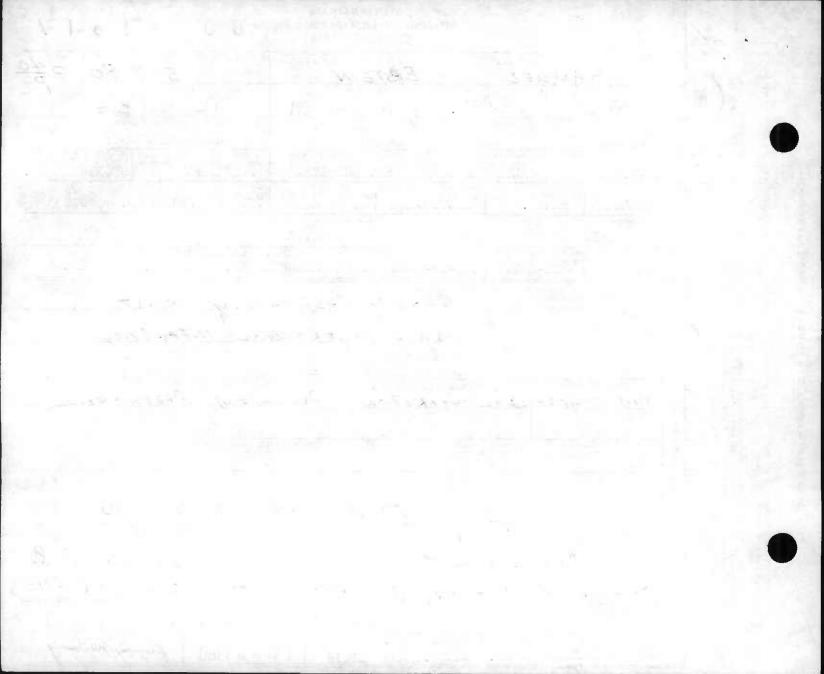
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hourn retained by the hospital or attending physician.

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	FOR 1 - STATE REGISTRAR		DEPARTMENT	TATE OF MARYLAN OF HEALTH AND MI TIFICATE OF DE	ENTAL HYGIEI	NE 8 D	D.	1 6	16
		urath	ΝĒ	Ensor	20	e. DATE OF DEATH		OAY YEAR	26. HOUR
leuth 3		IV .						9 80	12:45P _M
1	, Female	4 RACE		ONTH DAY	1917	AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	HOURS MIN
335	70. BIRTHPLACE (STATE OR FORE) COUNTRY) Maryland	U.S.A	MA	RRIED IN NEVER MA	ARRIED .	Baltimore City o	-		MD
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d complete s 1 and 2 s medical e	Robie	MIDDLE	Wilson	Lydi	1S1 . a	E.		Brole	y
Pages 1 art, the me	166 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	FYES, GIVE WAR OR DATES)	SOCIAL SECURITY N			1870 nsor, Whit		ayston	
s been signed by the attribute of the please remove prior to burial, cremation was any injury, or other t		diote the DUE TO, OR A Icant CONDITIONS CONT	S A CONSEQUENCE CO PS OU CONSEQUENCE CO S A CONSEQUENCE CO TRIBUTING TO DEATH	BUT NOT RELATED T		AL DISEASE OR CONI	20b. IF YES	, WERE FINDIN	NGS USED
t permit.	RTIFIC					YES NO	YES	YING CAUSES	NO [
lal-transit plantal Hygi	OR CONTRIBUTING CALL	SE OF DEATH HOUR A.M.	MONTH DAY Y	EAR	JRY OCCURRED) (ENTER NATURE OF INJUI	IY IN ITEM IB, PA	ART 1 OR PART 2]	
the buris	THE THER NOTIFY MEDICALE 214. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	LAT HOME STREET	INJURY FACTORY, OFFICE, FARM, ETG	211 LOCATION STREET	١	CITY OR TOW	/N	COUNTY	STATE
ECTOR: for use at i. of Heal em 21 is	saw the deceased abave, (1) (we) did	alive an 5/9 (did not) view the body after	19.80		, 19 <u>80</u> aur) apinion dec	, ta 5/9 oth occurred on the do		and from the	
TO FUNERAL DIR should be detached with the State Dept MPORTANT: If It	226. SIGNATURE	LO 0	hasen	DEGREE ATT PH 220 ADDRESS	TENDING HYSICIAN [] [MEDICAL STAI DIRECTOR PHYSIC	IANX	5/9/	
should be de with the Sta	Dr. R.	1	A3551		N. Char	cles St.	21204		DA.
F#W S	230 BURIAL, CREMATION, RE- (SPECIFY) Burial	MOVAL 23b. DATE 5-12-1		of CEMETERY OR CR		23d LOCATION CITY OR TOWN White I	-	COUNTY Balto.	STATE Md
HMH-16 25M IA 15, 4) 1/79	24 FUNERAL DIRECTOR	8 8	ADDRESS ew reedo			ECD. BY REGISTRAR AY 1 3 1980		AR'S SIGNAT	

April Spring - 12 10770 x 1 10770 are named by the

STATE OF MARYLAND



DHMH-16 25M

(VRA 15, 4) 1/79

										REG. NO.	
1			FIRST		MIDDLE	L	AST		2a DATE OF DE	ATH MONTH	DAY YEAR
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	3 SE			RACE	101	5 DATE C			6 AGE (IN YEARS	LAST BIRTHDAY)	FUNDER LYEAR
1	E	emale		White		06	20 DAY	12	67		MONTHS DAYS
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2 h		OUNTRY)				MARRIE	D NEVER A				
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examin	_	ATHER'S NAME	3002 02		12 02 2 7	10.4.		MAIDEN NA		I CILL 2	. v cmac
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medica	16n \	WAS DECEASED EVER IN			Ties SOCIAL SECT		17 INFORMA		0 1/2	ADDRESS	SCILIT
the u	(YES, NO OR UNKNOWN	IF YES, GIVE WA							×~~~	774
nt, 1		NO IS CAUSE OF DEATH					Susar	1 E, F	orwood_	5702	Utrecht
injury, or other	2	Canditians, if any, a gave rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNIF	diate the last	DUE TO, C	Respirato OR AS A CONSEOU ONTRIBUTING TO	ENCE OF	Brainst	em			
giene prior to 8 shows any	CERTIFICATION	198 DATE OF OPERATION	NO	1% COND	DITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPS	IN CER	YES, WERE FINDING TIFYING CAUSES O YES []
or Item 1		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL)	USE OF DEATH		DF INJURY .M. MONTH D .M.	AY YEAR	21c HOW IN	JURY OCCURE	ED (ENTER NATURE	OF INJURY IN ITEM I	8, PART 1 OR PART 2)
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of Healt		220 I certify that (I) (the saw the deceased above, (I) (we) (did	alive an	5/13	319	0.0	5/3 ad that in (my)	, 19 <u>80</u> (aur) apinion (death accurred a	1/13 the date and h	
ite Dept.		22b. SIGNATURE	1. Ch	lec	ME			TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [X]	22c. DATE S
A /	1	224 PHYSICIAN'S NAM	AE (TYPE OR PR	INT)			22e ADDRES		, DINECTON [T. O'C'ASI'S IAU	3/1.
MPORT		Anthony	Veter	е			6701 N	N. Char	les St.	21204	
shout IMPO	230	BURIAL CREMATION DE	MOVAL	23h DATE	123	NAME OF C			1234 LOCATIO		

- STATE

REGISTRAR

CITY OR TOWN COUNTY STATE 19.80 ., that (I) (we) last nian death accurred an the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MO ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN X 5/13/80 224 PHYSICIAN'S NAME (TYPE OF PRINTS 22e ADDRESS Anthony Vetere 6701 N. Charles St. 21204 234 LOCATION CITY OR TOWN Overlea 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Burial Baltimore Md. 5/16/80 Gardens of Faith 24 FUNERAL DIRECTOR Lassahn Funeral Home 7401 Belair Road

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 28 DATE OF DEATH MONTH

2b. HOUR 7:25 AM

HOURS

12h, KIND OF BUSINESS OR

Homemaking

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO |

Schmidt

5702 Utrecht Road

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

IF UNDER 24 HRS

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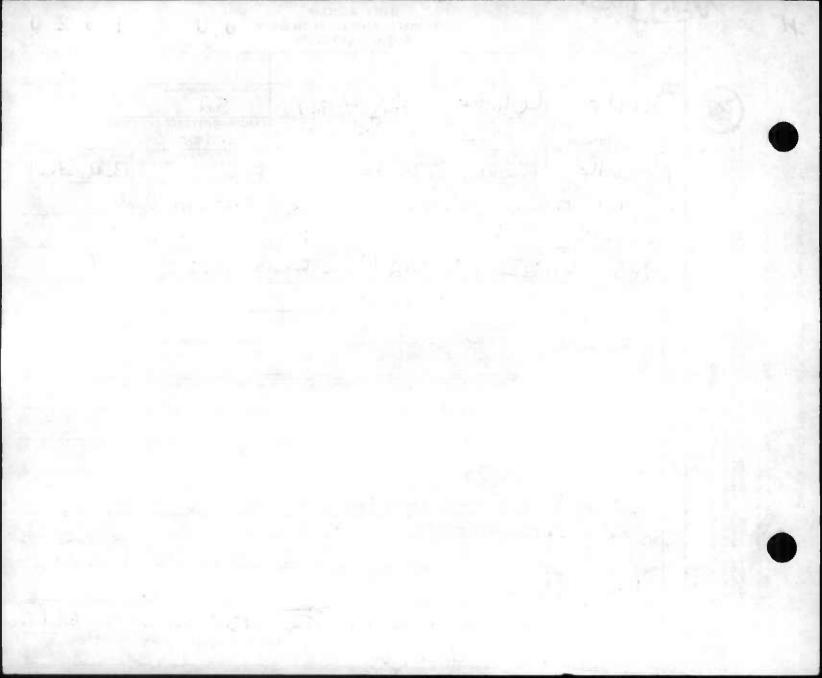
MARYLAND 21201
IST., BALTIMORE, MARY
201 W. PRESTON ST.,
VITAL RECORDS, 20
DIVISION OF VITA

nay be page 3	=	1 DEC		MIDDLE Se Favarola	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. No. 20 DATE OF DEATH May 15.	MONTH DAY YEAR	26. HOUR
Page 4 ma	35	3. SEX	Female	RACE White	5. DATE OF BIRTH MONTH DAY YEAR 1-26-1910	6 AGE (IN YEARS LAST BIRT	MONTHS DAY	
death. Pa	3		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		rore County	
urs after	70	10 CI	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ION 126 KIND F WORKING LIFE) INDUSTR	of BUSINE
n 24 ho illied in lid be fill	35	USU / 13a. S	L RESIDENCE (IF NURSING HOME O TATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	13s. STREET ADDRESS	Knell AVenu	
completely f	00	14. FA	THER'S NAME FIRST Joseph V	MDOLE LAST	15 MOTHER'S MAIDEN NA FIRST ROSK	rlie		LAST
e be exec nn and co Pages 1 a	2		VAS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? 186 SOCIAL SECU /E WAR OR DATES) 216-05-0	1000 11 0 1 5	avarola - 55	505 Knell Av	re21
law requires that the death cert been signed by the attending phear. Then please remove carbon partics to burial, cremation, or rems any injury, or other traumatic		ION			ENCE OF DEATH BUT NOT RELATED TO THE TERM			
s it	9	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINI IN CERTIFYING CAUS YES []	
N: T n. n. per gieni 8 sh								- Long
PHYSICIAN 1g physician. this certificat urial-transit p Mental Hygi	9	-	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINER	P.M. 21s PLACE OF INJURY	19 21t LOCATION			151
TENDING PHYSICIAN or attending physician. OR: After this certificat use as the burial-transity Health and Mental Hygin; is marked or Item 198	9	MEDICAL CE	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER THE MULRY OCCURRED WHALE HOT WHALE TO THE I CERTIFY THAT IT WHALE SOW THE SECOND OF THE	P.M. 21a PLACE OF INJURY 1AT HOME STREET FACTORS, OFFICE F	AY YEAR 19 211 LOCATION	CITY OR TOV	NN COUNTY	st,
OR ATTENDING PHYSICIAN nospital or attending physician. JRECTOR: After this certificat leed for use as the burial-transity opt. of Health and Martal Hygin fitem 21 is marked or Item 19	9	-	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES THE NUMBER HOTEL WHILE AT WORK HOTEL THE CERTIFY THAT IT WHILE AT WORK HOTEL THE CERTIFY THAT IT WHILE THE CER	P.M. 21s PLACE OF INJURY (at Home press Factor, orror of the decreased from the body of the decreased from the decre	AP YEAR 19 2H LOCATION STREET 10 20 and that in my lawr agenion DEGREE	CITY OR TOV	on country 10-3 19-80 ate and hour and from to the country FF 1276 DA	st,
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VISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1	ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
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		FOR STATE REGISTRAR	C	STATE OF MARYLAND T OF HEALTH AND MENTAL HYGI ERTIFICATE OF DEATH	REG. N		1 6	2 (
		CEASED NAME FIRST ROY	ce Clayton FERR	T C	to Division Dervice	MONTH DAY	YEAR	26. HOUR
	3. SE			QATE OF BIRTH	May 22,		UNDER 1 YEAR	F UNDER 24 H
		Male	White 1	MONTH TOAY 192 YEAR	52	YRS.	NTHS DAYS	HOURS
15		RTHPLACE ISTATE OR FOREIGN DUNTRY)	NO2H IN	MARRIED NEVER MARRIED IDOWED	Baltimore city o			
57	10 9	OSSUITE	11. NAME OF HOSPITAL, NURSING H		120. USUAL OCCUPATI ITYPE OF WORK FOR MOST OF		IZE KIND OF	F BUSINESS
35	M	King and Ba	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM NTY 131, DITY OR TOWN LAGUE LOCAL CONTROL OF TOWN	1134 INSIDE CITY LIMITS?	13. STREET ADDRESS	co Roge	d.	
36		JOSePh	MDDLE FERRIS	15. MOTHER'S MAIDEN NAM	WIDDIE	Ehmo	1 LAST	г
<i>36</i>		VAS DECEASED EVER IN U.S. AL	E WAR-ON PATEST 3 1 C 2 2 2 2 2		is 8425		Road	
mjary, or other tradim		Conditions, if any, which gave rise to immediate cause 103, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (b) MYOCA "d TA DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEA	E OF	nal disease or con	DITION GIVEN	IN PART 1(0	21
7	CERTIFICATION)% DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ERATION WAS PERFORMED	200 AUTOPSY? YES NOX	VERE FINDINGS USED NG CAUSES OF DEATH?		
of the last of	E	210 ACCIDENT WAS UNDERLYING		YEAR 216 HOW INJURY OCCURR		YES [но 🗓
9		OR CONTRIBUTING CAUSE OF DE		19				
9	MEDICAL C			21f LOCATION	CITY OR TOV	WN	COUNTY	STATE
9		(# EITHER, NOTIFY MEDICAL EXAMINER 714 IN JURY OCCURRED WHILE AT WORK AT WORK AT WORK 72-1 certify that at (this hopp	P.M. 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, intell strended the deceased from	ETC) 211 LOCATION STREET	_, toMay	22 19.	_80	that d (we)
/		(# EITHER, NOTIFY MEDICAL EXAMINER 714 IN JURY OCCURRED WHILE AT WORK AT WORK AT WORK 72-1 certify that at (this hopp	P.M. 21e PLACE OF INJURY 11 HOME, STREET, FACTORY, OFFICE, FARM, 11da1 unrended the deceased from	May 9 19 80, and that in (Ley) (our) apinion of DEGREE	, toMay leath accurred on the do	22 19. ate and haur a	80_, and from the control 22c. DATE :	that dr (we) causes stated SIGNED
9 January of Trem 21 12 Marked of Item 10		(IF EITHER, NOTIFY MEDICAL EXAMINER THE INJURY OCCURRED WHILE AT WORK	P.M. 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, intal intended the deceased from 19 8 PRIOR	May 9 . 19 80	to May leath accurred an the do	22 . 19. ate and haur of	80 . 1 nd from the c	that dr (we) causes state SIGNED 2/80
IMPORTANT: If Item 21 is marked or Item 18 shows	WEDICAL TO SEE	(FEITHER, NOTIFY MEDICAL EXAMINER 714 IN JURY OCCURRED WHILE AND WHILE AT WORK AT WORK Sow the deposed blive or obove, (VI Well (6d) (6d) 22), SIGNATURE	P.M. 21e PLACE OF INJURY 11 HOME, STREET, FACTORY, OFFICE, FARM, 11tal strended the deceased from 19 80	May 9 19 80	MEDICAL STAIN DIRECTOR PHYSIC	22 19. ate and haur of FF Clan The Dr.,	80 . 1 nd from the c	that dir (we causes state SIGNED 2/80



FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINT

Male

Ruxton

14 FATHER'S NAME FIRST

dical

injury, or other

MPORTANT: If Item 21 is marked or Item 18

CERTIFICATION

WHILE AT WORK

4905

To BIRTHPLACE (STATE OR FOREIGN

Maryland

USUAL RESIDENCE IN HURSING HOME OR OTHER INSTITUTION, 138 STATE 136 COUNTY

68 WAS DECEASED EVER IN U.S. ARMED FORCES?

Canditions, if ony, which

gove rise to immediate cause 101, stating the

underlying cause

190 DATE OF OPERATION

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH I IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED

NOT WHILE

York Road

AT WORK 22a.1 certify that (1) (this hospital) affended the saw the deceased alive on above, (1) (we) (did) (gid not) view the body

18 CAUSE OF DEATH (Enter only one couse pen PART I. DEATH WAS CAUSED BY

PART 2_OTHER SIGNIFICANT/CONDITIONS CO

IN CITY OR TOWN OF DEATH

Maryland

William

YES, NO OR UNKNOWN)

3. SEX

DEPAR	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 👸 🔾	1 1	6	2	1
WIDDLE	l	AST	20 DATE OF DEATH MONTH	H DAY	YEAR	26. HOU	R
iam Norville	Fin	Ley Jr.	May 1. 198	30		91	15 M
4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)		RIYEAR	IF UNDER	24 HRS
White	May	12, 1900		MONTHS YRS.		HOURS	MIN
Th CITIZEN OF WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	BALTIMORE CITY OR CO				
WSA	WIDOWE		Baltimore		- 41		MD.
1200 Berwicl	ET ADDRESS		Title USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK Executive	KING LIFE INC	KIND OF OUSTRY Iutz		
other institution, give residence before the control of the contro	WN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 1200 Berwi	ck Ro	ad		19
		15. MOTHER'S MAIDEN NA	ME				
orville Fin:	Ley	Lucy	WIDDLE	Hank	LAST		
MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS				
R 215 10	634	Mrs. Wil	lliam N. Fin	ley,	Jr.	S	ame
by one couse pendiar for (a), (b), c DBY: CAUSE (a) DUE TO, OR AS A CONSEO	UENCE OF	Tuface	from		APPROXIG		
DUE TO, OR AS A CONSEO	UENCE OF					-	
ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISBASE OR CONDITIO	N GIVEN IN	PART 1/9	19	h C 1
to Lailure	- 61	ulli sleur	- Kenel fa	bene	- 14	eau	18410,
196 VONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		IF YES, WER CERTIFYING YES			TH?
21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED TENTER NATURE OF INJURY IN IT	EM 18, PART 1 OF	R PART 2)		
21e PLACE OF INJURY		21f LOCATION	CATA OD TOWN		UNTY	-	TATE
(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	STREET	CITY OR TOWN	20	O CO	51	IAIE
tal) offended the deceased from	4 21	nd that in (my) (our) apinion	, to	nd hour and		that (1) (
To day after death.	77/	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	_ [S//	SIGNED 8	7
RPRINTI		22e ADDRESS					100

226 SIGNATURE 226 PHYSICIAN'S NAME (TYPE OR PRINT) Dr. George Bedon, M.D. 231 NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 236. DATE Cremation 5/2/80

William

Baltimore

IMMEDIATE CAUSE (a)_

Norvill

GBMC. Balto. Co.

234 LOCATION CITY OF 10WN Balto. COUNTY

STATE

Md. Green Mount 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 21212 1980 Balto., Md.

DHMH-16 25M (VRA 15, 4) 1/79

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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALTIMORE, MARTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after and the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnarial should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 howith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be not lind.
DIVISION OF VILAR RE	TO HOSPITAL OF ATTENDING PHYSICIAN: The retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shou

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

N	' '	REGISTRAR				CERTII	FICATE OF DEATH	REG. N	0.		
		CEASED NAME E OR PRINT)	ertin		• F	ische	r Sr.	2a. DATE OF DEATH		AY YEAR	2b. HOUR
nce.	3 SE	x Male		4 RACE White		5. DATE	DF BIRTH 28 AY 1922 EAR	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24
Tipo art o		RTHPLACE ISTATE OR F	OREIGN	71 CITIZEN OF USA	WHAT COUNTRY?	8 MARRIE WIDOW	ED NEVER MARRIED	Baltimore City	R COUNTY		
O O o		Dundalk		75124 B	erkshire	Rd.	OR OTHER INSTITUTION 21 224	12e USUAL OCCUPAT (TYPE OF WORK FOR MOST O Open Heart	OF WORKING LIFE	INDUSTRY	Stee:
Miner m.	130	AL RESIDENCE (# NUR STATE Md	136 CQUI		GIVE RESIDENCE BEFORE 136. CITY OR TOW Dundalk	'N	134. INSIDE CITY LIMITS? YES NO 🛣	130. STREET ADDRESS 7514 Berks	hire F	Rd. 212	24
dical exa	14. FA	Casper		MIDDLE	Fischer		IS. MOTHER'S MAIDEN N FIRST Margaret	AME	Lind	lenberg	12
it, the med		WAS DECEASED EVER YES, NO OR UNKNOWN) YOS		MED FORCES? E WAR OR DATES)	215-14-9		Mrs. Olga F	ADDR Scher 7514		ire Rd	MATE INTERV
shows any injury	CERTIFICATION	PART 2 OTHER SIGI					NOT RELATED TO THE TER	200 AUTOPSY?	206. IF YES,	, WERE FINDI	NGS USED OF DEATH
narked or Item 18 s	MEDICAL CERTI	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. IN JURY OCCUR WHILE AT WORK AT WORK	CAUSE OF DEA	HOUR A.	M. MONTH DA	19	21c HOW INJURY OCCU	YES NO REPORTED LENGE OF INJURE OF I	RY IN ITEM 18, PA	ART I OR PART 2)	NO []
State Dept. of Health		220. I certify that (1) saw the deceas obave, (1) (wg) (- 22b. SIGNATURE) 22d. PHYSICIAN'S N	(this haspi ed alive an did) (did no	it) view the body	4-29 198	0	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN N	MEDICAL STA		and from the	
with the State	23a	Dr Tari			23c P		423 Easter	236. LOCATION CITY OR TOWN		COUNTY	STATE
16 25M 5, 4) 1/79	24. FI	Burial UNERAL DIRECTOR	Inc.	5/3/80 7922Wi	ADDRESS		Heart of Jest 25e DA k. Md 21222	IS Dundal TE REC'D. BY REGISTRAR	k Bal	to RAR'S SIGNAT	Mđ .

THE PERSON AND THE PE

R	3		1 -	FOR STATE REGISTRAR			DEF	PARTMENT OF	TE OF MARY HEALTH AN FICATE OI	D MENTAL HY	GIENE 8	O REG. NO	0.	1 6	2 3
,	1			CEASED NAME	FIRST		MIDDLE		LAST	1.74	20. DATE O	OF DEATH	MONTH D	AY YEAR	26 HOUR P
	be de la la la la la la la la la la la la la		4	O. T. Kurtiy	CARRO	OLL	J.	FIS	HER,	Jr.	MA	KX MA	Y 20	1980	9:40 M
	OE CO	17	3. SE)	(4 RACE		5. DATE	OF BIRTH	V5.40		YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	ge 4		Ma	ale		Wh	nite	3	22 DAY	19 ^{YEAR} 9	51		YRS.	ONTHS DAYS	HOURS MIN
	Po l dir	ė		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUN	VTRY? 8	NEVE	R MARRIED	9 BALTIM	ORE CITY O	R COUNTY	OF DEATH	
	leoth in 72	35	Ma	aryland		U.	S.A.	WIDOW	ED	DIVORCED [BALT	IMORE	cou	YTY	MD.
	he fu	ed		TY OR TOWN OF DEA	ATH	(IF NOT IN SU	HOSPITAL, N	IURSING HOME	OR OTHER IN	NSTITUTION		L OCCUPATI	ON F WORKING LIFE		F BUSINESS OR
101	by tel	58		WSON		ST.	JOSEP	H HOSP				Mill			. Stee
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	filled in	35	13a. S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	13c. CITY OF	e BEFORE ADMISSION R TOWN Limore	13d INSIDE	CITY LIMITS?			Ponca	Stre	et
KYL/	etely 2 sh	nine	14. FA	THER'S NAME	A	AIDDLE	LAS	RT.	15. MOTHE	R'S MAIDEN NA		MIDDLE		LAS	
WA	ompte 1	200		Carroll		J.	Fish	er,Sr.	Ma	rgaret		E.		Pa	
ORE,	id co	2 medico		AS DECEASED EVER		MED FORCES? WAR OR DATES)		SECURITY NO.	17. INFOR			ADDRE	⁵ 814	S. Po	nca St.
I.W	Pog.	ae a	Ye			II	220-1	2-7843 AC ARR	Ida	Mae Fi	sher		Balt		21224
3ALT	ote k	£,		18 CAUSE OF DEAT	H (Enter onl	y one couse pe	r line for igi,	AC ARR	EST P					BETWEEN	MATE INTERVAL ONSET AND DEATH
T	ph)	event, th		PART I. DEATH W	IMMEDIATI	E CAUSE (0)	CARL	MACI	ARRE	=51 /	PROB				
NO	th ce	ofic		4169		DUE TO, C	DR AS A CON	SEQUENCE OF	LARRY	LEWY DO	COU	AR L	IBRIC	CATTO.	N
EST	deo	50		Conditions, if ony,		(b)I	KATA	SEQUENCE OF	CONCE	CHOMAG	65-A64	GATA	GARI		
P. P.	the rem	Jer 1		gove rise to immo	g the		OR AS A CON	SEQUENCE OF	PATO	EURE	******		101111		
>	thot d by leose iol, c	20 0		underlying cause		(c)_		PULI				NARY	PHIM		
ORDS, 2	en signe Then p	injury, or other froumotic	NOI	RITE	UM.	4770	HE	STP AESTE BU	015	EASE	MINAL DISEA	SE OR CON			
AL RECO		quo smo	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONE	DITION FOR W	VHICH OPERATION	ON WAS PER	FORMED	20a AU	NO [20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
VII.	4YSICIAN: The Is ding physicion. is certificate has burial-transit per Mental Hygiene	8 shows	CER	21a. ACCIDENT WAS UNI			OF INJURY	H DAY YEAR	21c. HOW	INJURY OCCUP	RRED (ENTER)	ATURE OF INJUR	RY IN ITEM 18, PA	RT 1 OR PART 2)	
P	SICIAI ing ph certific uriol-tr	Zi is morked or item	CAL	OR CONTRIBUTING []			.M.	19							
O S	his of he bu	5	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY	OFFICE, FARM, ETC.)	211. LOCA STRE	TION		CITY OR TOV	VN	COUNTY	STATE
<u> </u>	AG offer hon hon	rke	2	WHILE O MON WE AT WO AT WO		1			Nac	0.4	,	- 1	/2-		
	NDII R: A	E a		220.1 certify that (I)			200		128	, 19 00	, to	2/	20	9 80	that (I) (we) last
	Spito Spito CTO I for	17.6		sow the decease	d alive on , id) idd not	Wew the book	v after death.	19 80		ny) (our) opinion	deoth occur	red on the do	ote and hour	ond from the	couses stoted
	the hosp the hosp at DIRECT etoched for the Dept. of	MPORTANI: If Item		17h SharaTure	tu	ier	\	M	DEGREE	ATTENDING PHYSICIAN	MEDICA:	STAP	FF CIAN []	5/2 DATE	SIGNED 20/50
	HOSPITAL ned by the FUNERAL old be det of the Stote	Z -		22 PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e. ADDR	RESS 50	SCO		ADAI	u k	20
	TO HOSPITAL (retoined by the TO FUNERAL Should be detoined with the Stote E	APOR		2015		RIVE	RA		COC	KEYSV	114	- , ,	NO	2/0	
			23a. B	URIAL, CREMATION,		23b. DATE	/00			R CREMATORY	23d. LOC	ORTOWN		COUNTY	STATE
60	BP	-	24 51	Buria	T	5/23	T 7 0	Oak L	awn C	emeter		ltimo		Ma :	ryland
DH	MH - 16 50M 1/76 (VR A 15 (4))		27. FL	NERAL DIRECTOR D	Nata-	RUCK,	TIIC ADDRI	ESS MD	2122	1	TE REC D. BY	REGISTRAR	ZJE KEGISTK	AK 5.2IGNAI	UKE
	(, (4))			JZZ WISE	Avei	nue, L	undal	K, MD	2122	4	9 7 10	en 🌙	Enfly.	Mecho	7
										MAI	W I IU	•			1

CHIPLE STORES United the second secon AND A MESTING THE STATE OF THE PARTY OF THE COURTERING SECTION AND AND SECTION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at requires retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal:	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at or
TO HOSPITAL	TO FUNERAL should be detact with the State D	IMPORTANT

CERTIFICATE OF DEATH		REG. NO.	di.	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	0		1
STATE OF MARYLAND				

1-	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG	IENE 8 0).	1 6	2	4
	CEASED NAME	FIRST		MIDDLE	i	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HO	UR
(ITPE	OR PRINT)	CHARL	ES MA	NN FOARI)		MAY	21,198	0	7	A
3. SE	X	4	RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		NDER I YEAR	IF UNDE	R 24 HRS
	Male		White		Jul	ly 9,1918 YEAR	61	YRS		HOURS	MIN
7a. 8i	RTHPLACE (STATE OR I OUNTRY) Marylan		USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city o	RCOUNTY OF timore		У	MD.
10 CI	Towson	ATH 11	1013	HOSPITAL, NURSIN CHEACILITY, GNE STREET CONCORDIA	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Sales Engi	F WORKING LIFE)	126. KIND C INDUSTRY Asph		ESS OR
Ma.	AL RESIDENCE (IF NUR STATE ryland	ISING HOME OF OT 136 COUNTY Balti		GME RESIDENCE BEFORE 134. CITY OR TOW TOWSON		13d. INSIDE CITY LIMITS? YES NO 🖔		3 Conco	rdia	Driv	re
14 FA	Charles	Freder		ile Foard	1	IS MOTHER'S MAIDEN NAME FIRST Ruth Che	ME MODIE		LAS	ST	
	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	55			
- (Yes, no or unknown)	(# YES, GIVE W.	AR OR DATES)	WW II		Mrs. Betty K	. Foard	Same			
	18 CAUSE OF DEAT	TH (Enter only	one couse per	line for (a), (b), on	d (C)	0	- 11		BETWEEN	MATE INTI ONSET AN	D DEATH
	PARTI. DEATH V	IMMEDIATE		ISCHE	MIC	CARDON	44011 Athy		by	05	
	Conditions, if any gave rise to im couse to story underlying couse	mediate ng the	(b)_	RAS A CONSEQUE	750	Sive ARTENIES	eleatie C-	V. Docon	40	-5	
	PART 2 OTHER SIG	NIEICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	01	
Š.		Keeu	2200	Ir cen	2 BRO	OVASCULAR	Accident	5			
CERTIFICATION	19a DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFY IN YES	IG CAUSES	NGS USE OF DEA	ATH?
MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH CALEXAMINER)		M. MONTH D, M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	OR PART 2)		
WED	214 INJURY OCCUP	VHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TOV	AM	COUNTY		STATE
	22a.1 certify that (I saw the decea- above, (I) (We)				50,0	= 30 19 72 nd that in (my) (o or) apinion o	, to death occurred on the de	te and hour an			
	226. SIGNATURE	Alle	rall	2/ 45	D		MEDICAL STAI	FF CIAN []	22c. DATE	SIGNED	50
	Sidney			Jr. M.D.		7215 York Rd	l. Baltimo	re, Md.	21 21	2	
23a. E	BURIAL, CREMATION SPECIFY) Burial	-0.00	236. DATE May 24			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Parkwille	, Balto	INTY	3 Mê	TATE
	uneral director tchell-Wie			ADDRESS (York Rd. 250 MAR	EREC'D BY NO STRAR	25K REGISTRAF	rs signat	TURE	

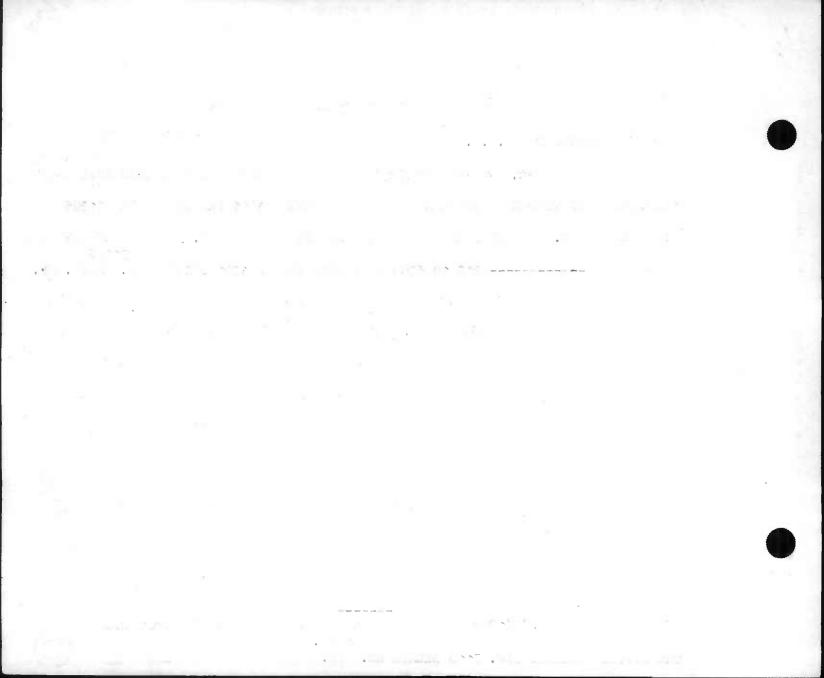
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licensity (total (vis) | name, law. agrico., aid.

11		Item #5 per pho						*				19
6	1 -	FOR 6/4/80 r			CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	0	REG. NO.	3	10	la	3
5 to 5		CEASED NAME FIRST GENET	VIEVE	MIDDLE		OWLER	20 DATE OF DE	ATH MONT		YEAR 1 80	26. HOUR	O.A.
ector, pogrs ofter de	3. SE	Tenule	1 RACE	2	J MONTH	DAY 1905R	6 AGE (IN YEARS			UNDER I YEAR	IF UNDER 2	1.01
n 72 hour n 72 hour st once.	C	RTHPLACE (STATE OR FOREIGN OUNTRY) LTIMORE MARYLAN		what country?		NEVER MARRIEDXXX	9 BALTIMORE		OUNTY OF	FDEATH		MD.
P	10 C	TOWSON	11. NAME OF		G HOME C	R OTHER INSTITUTION	12a. USUAL OCC (TYPE OF WORK FOR BUYER M	R MOST OF WOR		126 KIND O INDUSTRY		
	13a.: MA.	AL RESIDENCE (IF NURSING HOME O STATE 13b. COUI RYLAND BALTI	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN OVERLEA		YES NXXX	13. STREET ADD 4201 PR		A VENU	JE 21	206	
and 2 s	C	HARLES W.		WLER LAST		15 MOTHER'S MAIDEN NAME FIRST	M	E.		CURI		
Poges medico	16a. V	VAS DECÉASED ÉVER IN U.S. AF res, no or unknown) (IF yes, giv	RMED FORCES?	215 10 6	ess. III	WILLIAM FOWL	ER 4201	PRAGUI				D.
physicic on popers emovol.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly one couse per ED BY. TE CAUSE (a)	Respir	utore	failure				BETWEEN C	MATE INTERV	AL DEATH
ottending nove corbo otton, or r troumatic		5/63 Conditions, if any, which	DUE TO, O	RAS A CONSEQUE		e in terster	e fel	وندمت		man	44	b ·
by the cease remo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	RAYA GONSEQUE		onulometu	us newed	tion		und	1.	
Then ple in to burie injury, a	NO.	PART 2 OTHER SIGNIFICANT	conditions co	4 1		NOT RELATED TO THE TERM	rdei va	ule	ON GIVEN	IN PART 110	11	
sit permit giene pric	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED			CERTIFYIN YES [OF DEATH	
buriol-transi Mentol Hygi or hem 18 sh	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN IT	TEM 18, PART	1 OR PART 2)		
os the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CIT	Y OR TOWN		COUNTY	STA	ATE.
of Heol			ital) attended the	31, 19		d that in (our) apinion	death occurred a	n the date of	, 19. nd hour or			e) lost ted
RAL DIREC detached f tote Dept AT: If Hem		226 SIGNATURE	Ke				MEDICAL DIRECTOR	STAFF PHYSICIAN		S- 3	SIGNED	Ö
should be defi- with the Stote		JOHN	(. 14	yle m		L	ui Rd		なント	>367	nd	
· » > =	В	Burial, Cremation, removal Specify) URIAL	23b. DATE			Y REDEEMER	23d. LOCATIO CITY OR TO BALTI	MORE I	MARYL	AND		Ē
H-16 20M 15, 4) 7/78		JNERAL DIRECTOR NAME DI DDEI DD OFFUE	EDC TNC	ADDRESS	ATD D	DEDICO.	e rec'd. By reg	STRAR 2565	EGISTRAI	SANC.	JRE	



STATE OF MARYLAND

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		Antonio Carrier		
			Care	
		francis 2		

completely filled in by the funeral di s I and 2 should be filled within 72 ha

signed by the offending physicion

executed within 24 hours after

death certificate

FOR STAT REGI	E STRAR	DEF	PARTMENT OF F	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0	1 1 6 2 7
1. DECEASE (TYPE OR PRIN	1	MIDDLE		AST	20. DATE OF DEATH MON	
	GERT			FRANCIS	5	-24-80 3:37pm
3. SEX •		4. RACE	5. DATE (DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
Fem		White	Aug	g. 3, 1911	68	YRS
COUNTRY)	CE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIE	DX NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
	tand TOWN OF DEATH	U.S.A.	WIDOWI		BALTIMOE	RE CO MD.
		(IF NOT IN SUCH FACILITY, GIVE	E STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
	SON MD	ST. JOSEJ OR OTHER INSTITUTION, GIVE RESIDENCE	PH HOSP	TTAT.	Housewife	Home
Mary	land Ba	UNITY 113c CITY OF	L234	136 INSIDE CITY LIMITS? YES NO 💢	130 STREET ADDRESS 1702 Wayn	ne Avenue
14. FATHER'	FIRST	MIDDLE LAS	ST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
	muel	R. Emge		Amanda	ADDRESS	Francis
(YES, NO	CEASED EVER IN U.S	TIVE WAR OR DATEST	L SECURITY NO.	17. INFORMANT		
No		anly one cause per pe far (a), ISED BY:	+6-7861	John C. Fi	rancis1702 W	Tayne Avenue 2123
PART IPOR PART IPOR	itians, if any, which it rise to immediate (a), stating the rlying couse lost. 2. OTHER SIGNIFICAN THE OF OPERATION (COLORN WAS UNDERLYING COLORN WAS UND	rive artain 194 CONDITION FOR V Adems CA	osile	TESTING M NOT RELATED TO THE TER	YES NO	ON GIVEN IN PART 1/0 ID. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO}
00.00	INTRIBUTING CAUSE OF I	DEATH HOUR A.M. MONT	H DAY YEAR	ZIE HOW INJURY OCCU	KKED (ENTER NATURE OF INJURY IN	ITEM 18, PARI 1 OR PARI 2)
WHILL AT WO	NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
S C		spital) attended the deceased		DEGREE	death occurred on the date	nd hour and from the causes stated 22c. DATE SIGNED,
22d. P	HYSIGIAN'S NAME (TYP	LANGER GAR	7,5	ATTENDING PHYSICIAN 220. ADDRESS 24 TO RIVER PRO	MEDICAL STAFF DIRECTOR PHYSICIAN TOWSON NO. 42	21204 093
23a. BURIAL (SPECIFY) Bur	CREMATION, REMOV	At 236 DATE May 28. 80		cemetery or crematory	23d LOCATION CITY OR TOWN Potion Balti	more Co. Md.
	LDIRECTOR	ADDR			TE REC'D. BY REGISTRARIZED.	REGY KAR'S SIGN TURE

Johnson 8521 Loch Raven Blvd.

24. FUNERAL DIRECTOR
William E

E.

TO FUNERAL DIRECTOR: After this certificate hos been

retained by the haspital ar attending physicion.

OR ATTENDING PHYSICIAN: The low

DHMH - 16 50M 1/76 (VR A 15 (4))

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Balto. Md.

FOR

REGISTRAR

- STATE

(VRA 15, 4) 7/78

Home.

Inc

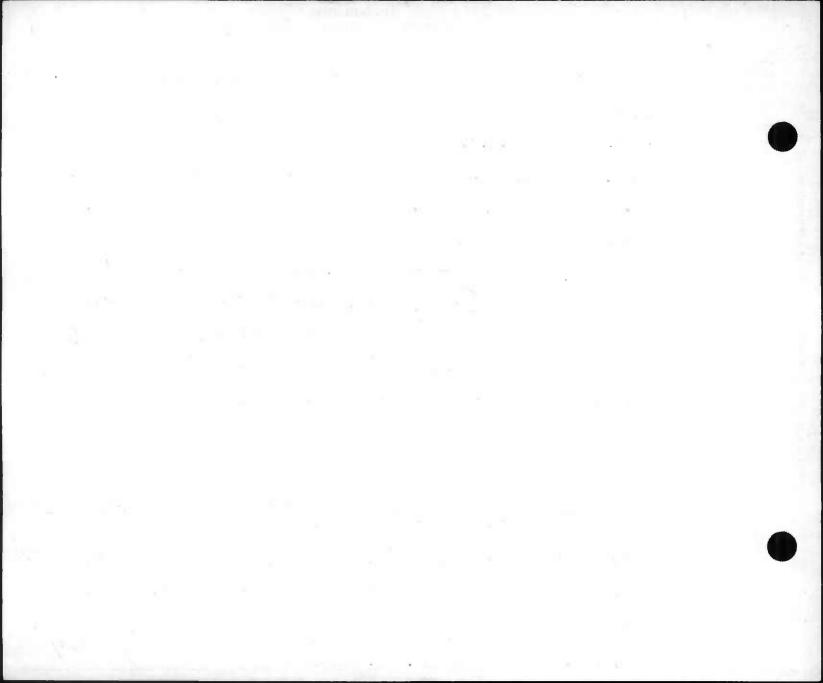
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21213

REG NO



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I DECEASED NAME MIDDLE 2e. DATE OF DEATH 7h HOUR (TYPE OR PRINT) KATHERINE FREDERICK MAY 5, 1980 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX HOURS MAY 13. 1886 YEAR FEMALE WHITE **9. BALTIMORE CITY OR COUNTY OF DEATH** 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY GERMANY USA BALTIMORE COUNTY WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ST. JOSEPH HOSPITAL TOWSON BAKERY BAKER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138. STATE 136. COUNTY 136. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE MD. TOWSON 313 OVERBROOK RD. YES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST CONRAD GOLLER BARBARA ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 218-50-8448 NO GEORGE FREDERICK 625 WILTON RD. 21204 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to CONSEQUENCE OF

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause

190 DATE OF OPERATION

21d. INJURY OCCURRED

71n ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

above, (1) (we) (did) (did not) view th

saw the deceased alive on_

22d. PHYSICIAN'S NAME TYPE OR WIN

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

716 TIME OF INJURY

P.M

21e PLACE OF INJURY

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

STATE

YES [NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

211 LOCATION COUNTY

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and haur and from the couses stated

23a. BURIAL, CREMATION, REMOVAL BURIAL

73b. DATE MAY 8,1980

23c NAME OF CEMETERY OR CREMATORY LOUDON PARK CEM.

22e ADDRESS

CITY OR TOWN BALTIMORE

27r. DATE SIGNED

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

WHILE AT WORK

22b. SIGNATURE

MITCHELL-WIEDEFELD HOME 6500 YORK RD

220.1 certify that (1) This haspital) attended the deceased from

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH-16 25M (VRA 15, 4) 1/79 office novel to the state of

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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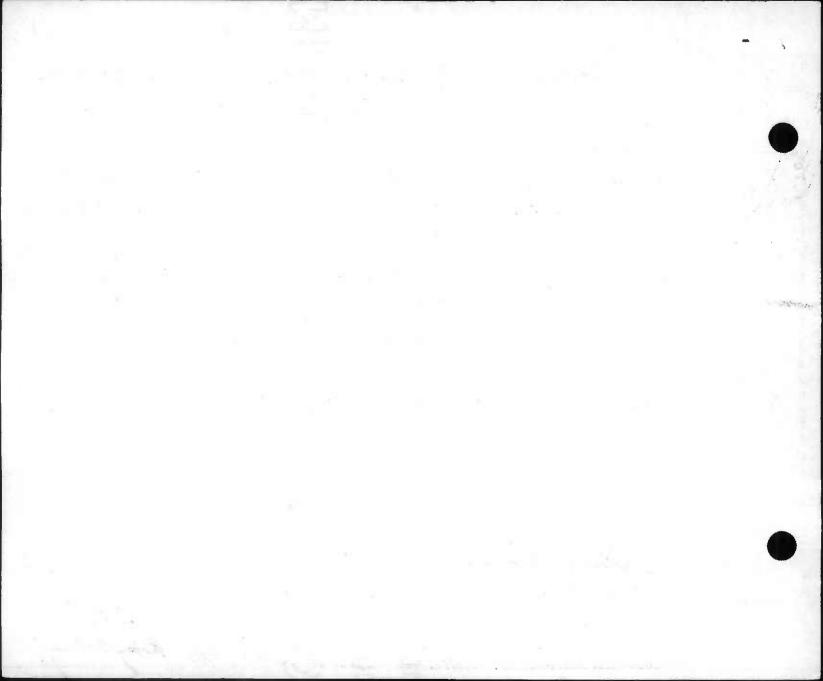
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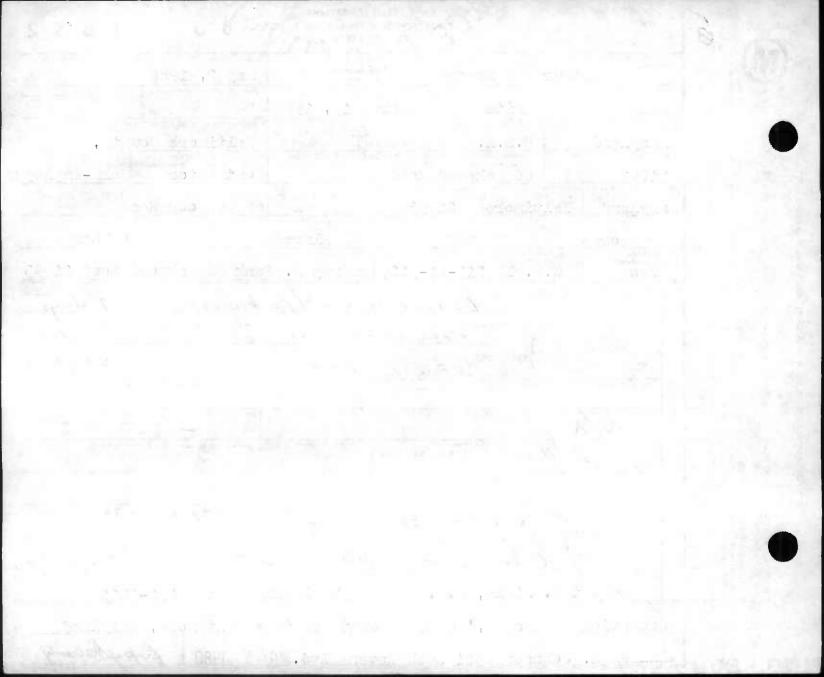
TO HOSPITAL

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A P	ealth s ma			22a I certify that (I)	this hospital	ottended y	ne deceased from_	3/	7	19 50		5/27	, 19	O C,	that (1) (y	e) last
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y th	deto			Ski	W (Cor	1-1	M	// PH	ENDING YSICIAN E	MEDICAL DIRECTOR P	HYSICIAN [5/	27/	20
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6	1-	FOR STATE REGISTRAR	FIRST		DEPARTI	CERTIF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 3	REG. NO.	TH DAY	1 5	3 2
		EASED NAME R PRINT)			Miles, and a second						TEAR 2	B. HOUR
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out.		ale		White		Marc	en 19, 1900		ORE CITY OR C	YRS.	DEATH	
35	Ma	THPLACE (STATE OR FOI INTRY) aryland		U.S.A		WIDOWI		Bal	timore	Cour	nty,	
Ste no		Y OR TOWN OF DEAT	н 3	JIF NOT IN SUCI	HOSPITAL, NURSIN H FACILITY, GIVE STREET KWOOD R	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WOR	occupation in for most of wo ractor	ORKING LIFE)	12b. KIND OF I INDUSTRY Self-6	
500	USUAL 13a. ST	RESIDENCE (IF NURSI	36 COUNT	imore	GIVE RESIDENCE BEFOR 13c. CITY OR TOW 2109	'N	134. INSIDE CITY LIMITS? YES NO X		address akwood	Road	d	
\$30		HER'S NAME FIRST George			Funk		Alfred	ame la	WIDDLE	Ko	oehlei	2
oval.	(YE	AS DECEASED EVER II S, NO OR UNKNOWN) Yes	U.S. ARMI (IF YES, GIVE W	ABOBOATEC)	166 SOCIAL SECU 213-01-		Audrey M.	Funk	address 66 Oak	wood	Road	2109
prior to burial, cremati ws any injury, or other		Canditions, if any, gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN 9a DATE OF OPERAY	ediate the last.	(c)		DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	OPSY? 2	Db. IF YES, W	IN PART 1(0) /ERE FINDING	
Item 18 sho	0	210. ACCIDENT VAS UNDI	LUSE OF BEATH		M. MONTH D		21c HOW INJURY OCCL	YES	NO	YES [NO []
th and Men	MEDICAL	(IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WORK	D	21a PLACE ((AT HOME, STR		FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
21 is		22a.1 certify that (1) saw the decease abave, (1) (world	d alive on_	5-2	19	\$ e . o	nd that in (my) (sor) apinio		MAY 7 ed an the date		30 , the	
with the State Dept. of		226. SIGNATURE 226. PHYSICIAN'S NA	Th	hu	2	> .	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN	٧.	May	J-15
with the Stat		Rober	t W.	Lisle	, M.D.		57 Timo	nium R		252-3	232	
	C	remation, recipy)		May 6			cemetery or Crematory	ery Ba	<u>ltimor</u>	e, Ma	arylaı	
16 25M , 4) 1/79		NERAL DIRECTOR NAME 11 iam E.	John	nson 8	ADDRESS	h Ra	ven Blvd. M		registrar 256	REGISTRA	R'S SIGNATUI	heady



-	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	rGIENE 8 0	40.	6 3 3
2.2		CEASED NAME FIRST		MIDDLE	t.	AST	20. DATE OF DEATH	MONTH DAY Y	YEAR 26 HOUR
		LUCILE	E	XXX.	GANS		MAY 2	3, 1980	1 15 PM
(例)	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST 8)		DAYS HOURS MIN.
		FEMALE	WHIT	E	JUNE	17, 1890	89	YRS	
2 to 10		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	ATH
of of o		VIRGINIA	U.S.	Α.	WIDOWE	DXX DIVORCED	BALTIM	ORE COUNTY	1445
by the fulled with)0 CI	TOWSON	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET OF THE STREET OF	T ADDRESS)	AL	120. USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWIFE	OF WORKING LIFE) INDU	KIND OF BUSINESS OR USTRY HOME
d in	USU /	AL RESIDENCE (IF NURSING HOME TATE 13b. COL		I, GIVE RESIDENCE BEFOR		138 INSIDE CITY LIMITS?	13e STREET ADDRESS		
should should grant			IMORE	GLEN AR		YES NO	4305 MANOR		21057
10 E 25	14. FA	THER'S NAME	MIDDLE	{AST		15. MOTHER'S MAIDEN N	IAME MIDDLE		LAST
bud /say		ISRAEL	MIDDLE	STERN		YETTA	MIDDE	S7	TRAUS
licolexo		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECT	URITY NO.	17. INFORMANT MRS	. JEROME SEN	KER	
Pages Pages medico	,	NO	IVE WAR OR DATES!	224-92-			SPRING AVE.,		#21209
been signed by the attendin mit. Then please remove carb prior to buriol, cremation, ar i ony injury, or ather traumatic	CERTIFICATION	Conditions, if any, which gove rise to immediate cause Io1, stating the underlying cause lost. PART 2. OTHER SIGNETICAN CETE TAIL 2.2 19a DATE OF OPERATION	conditions c	ART OF AR	DEATH BUT	NOT BELATED TO THE TER	liovas cen	NDITION GIVEN IN P.	
hose iene	THE						YES NO	YES [NO [
Hygi Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	110110 1	OF INJURY .M. MONTH D	AY YEAR	21s HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	URY IN ITEM 18, PART 1 OR P.	ART 2}
riol-i	SAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	CAIR	.M.	19				
use as the bu Health and Miss marked or	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	OWN COUN	NTY STATE
R. Ai use c leolt s mo		220.1 certify that (1) (this has	2		4/3	0 1926	, to 5/2	3 19-0	, that (I). (we) los
for of h		saw the deceased alive of above, (I) (wee) (did) (did)	on 5/2	17	, or	d that in (my) (and apinio	on death accurred on the	date and hour and fro	om the couses stated
DiRE Ched Dept. f Item		22b. SIGNATURE	000	/		DEGREE	UEDICA: CT		. DATE SIGNED
TO FUNERAL DI should be detach with the State De IMPORTANT: If I		Den,	TA		N		MEDICAL ST.	ICIAN 6	723/80
TAN STAN		276. PHYSICIAN'S NAME (TYPE	OR PRINT)	0		22e ADDRESS			21204
APOR		Geret.	= LAI	egc c o	white	7600 Osle	Dr., Suite	311, Tows	son, MD
F ± 3 ≥	23a. E	URIAL, CREMATION, REMOVA	AL 236. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
		BURIAL	5-25	-80 BE	TH AB	AHAH TEMPLE	RICHMOND		VA ·
5 50M 1/76 15 (4))	24. FU	INERAL DIRECTOR SOL I				01015	ATE REC'D, BY REGISTRA		RECEIVED !

LE 13 year Granner of South Constitution RIAM to the Delhitz

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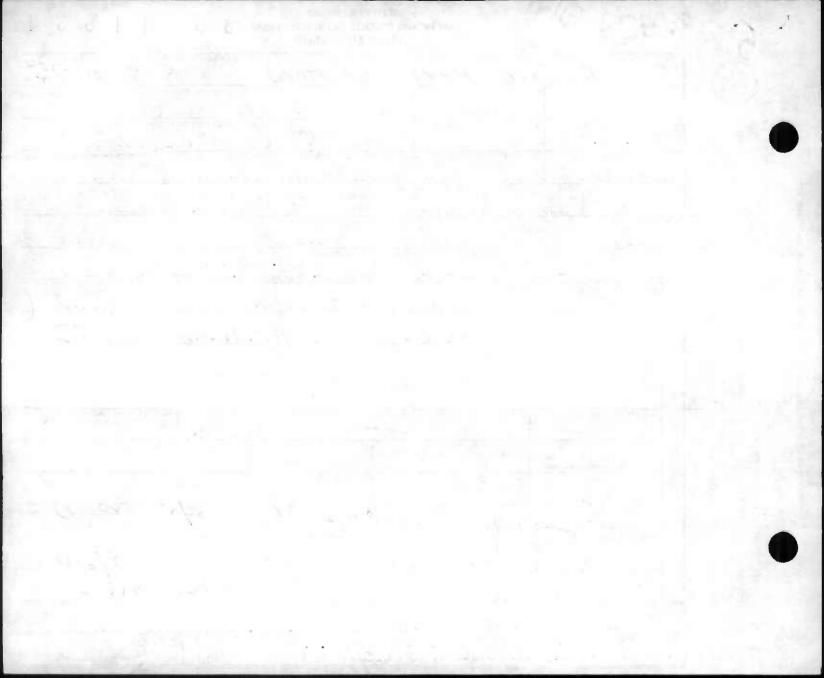
1. DECEASED NAME (TYPE OR PRINT) 5. DATE OF BIRTH MONTH 1907 White June Male To BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED USA VA. WIDOWED DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION JE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Randallstown Baltimore County General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13c. CITY OR TOWN 136 COUNTY 134 INSIDE CITY LIMITS? Baltimore Rockdale YES [NO X 14 FATHER'S NAME FIRST Alice Gawthrop Hart 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (# YES, GIVE WAR OR DATES) 213-03-6399 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2ª DATE OF DEATH MONTH 26. HOUR IF LINDER I YEAR AGE (IN YEARS LAST BIRTHDAY) IF LINDER **BALTIMORE CITY OR COUNTY OF DEATH** 1- Baltimore 12h KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Self-employed sian painter 13e. STREET ADDRESS 3602 St. James Road IS MOTHER'S MAIDEN NAME Mau Landon Mrs. Rosalyn Gawthrop 3602 St. James Rd., Baltimore, MD 21207 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON NO [YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) our) opinion death occurred on the date and hour and from the causes stated DEGREE 27r. DATE SIGNED

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive or obove (1) (we) (did did not) new to body/after death 22h SIGNATURE ATTENDING MEDICAL STAFF 224. PHYSICIAN'S NAME MYPE OF PRINT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 73h DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Entombment Dulaney Valley Mem. Cockeysville Baltimore 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 8728 Liberty Rd., Randallstown, MD 21133



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dee retained by the hospital or attending physician.

Page 4 may be

	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1 6 3 5
	1. DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
page 3 death	(ITPE	ARTHUI	H. EEIS	BERT	may 6	1980 M
pag r de	3. SE		4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	60	M	W	MONTH DAY YEAR	65	MONTHS DAYS HOURS MIN
(高清温)	7a B	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	1 20/17	9 BALTIMORE CITY OR COUNTY	OF DEATH
く野屋がん	C	OUNTRY)	() S A	MARRIED NEVER MARRIED		CUNTY W
14 0	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	12h KIND OF BUSINESS OR
by the led with		OPLE RIVER	1 F NOT IN SUCH FACILITY, GIVE STREET	O DR.	(TYPE OF WORK FOR MOST OF WORKING LI	
be fin	USU.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 134 INSIDE CITY LIMITS?	13. STREET ADDRESS	
		MD. 6	ALTO MIDDLE	RIVER YES NO 19	36 51RO	DR
2 sho	14. F/	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAV	ME	LAST
comple 1 and 2	H	AMILTON	GE ISBER!			NK
		VAS DECEASED EVER IN U.S. AR			ADDRESS	
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lysic pers loval ever		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane couse per line for (a), ()	A Acrel Deadle	Died Intern	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oen n pa rem rem			TE CAUSE (0)	alle man		
ndin arbo , or aum		4149	DUE TO, OR AS A CONSEQUE	ENCE OF M. A. Reele		ARTER OF THE
atte ve c ation		Canditians, if any, which	(b)	(acaco prien	usuary arrest	
the remo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	50/01 1 1h 11	1.0. 18 - 6.1	Feb. 1980
ed by ease ial, or		underlying couse lost	(c)	State par much	pee coronary vyj.	40-1700
n signe hen ple to bur	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIONED	EN IN PART I(o)
as bee	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
te har permiter piene	TE	10,000				S NO
iffica insit Hyg	CER	21a. ACCIDENT WAS UNDERLYING		216 HOW INJURY OCCURE	RED JENTER NATURE OF INJURY IN ITEM 18, I	PART 1 OR PART 2)
ohysinal-tra	¥	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)		19		
this purial Mer	MEDICAL	214. INJURY OCCURRED	21R PLACE OF INJURY	211 LOCATION		
After the the nark	\$	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	Della Della	CITY OR TOWN	COUNTY STATE
R. J. R. J. R. J. R. J. R. J. R.		22a. I certify that I this hasp	ital) attended the receased from_	00/10/ 19/4	to affect	19 00 that (i) (we) lost
CTC CTC or us of H		so- the deceased olive on	4- / 19	and that in (my) (our) apinion of	death occurred on the date and hou	r and from the causes stated
IRE ed fe ppt.		22b. SIGN AT THE	t) view the bady ofter death.	DEGREE		224 DATE SIGNED
the h the h etach ate Oe	no.	Mecenn	ecall)	ATTENDING PHYSICIAN	MEDICAL STAFF	5-9-80
UNERA Id be de the Stat		22d. PyrySiCIAN'S NAME/(TYPE O	PRINT)	220 ADDRESS		
TO FUN should by with the		R.PEKEZ-	MERA, M.	D. 5400	116 COURT	- RD
- F W S =	23a. 6	BURIAL, CREMATION, REMOVAL	-1-1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
BP		BURIAL	5/9/80 H	erry Hill	BALTO.	MD.
DHMH-16 25M	24 FI	UNERAL DIRECTOR	ADDRESS	25a. DATI	REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VRA 15, 4) 1/79	1	. G. CONNEL	LLY 300 M	1ACE	1 1 3 1300	Trisonay

THE WAR IN THE -1/97/31 As 14 Lyder Commen 450 200 MODE WALK 3 P THE OR IN C. LEWIS MUDINERIUM STEELE EN Adoles Colored Salmanne TOT TITE DORETHY GENERAL MOVEE 1 Bright 186 Here HE . BALL ME E. CERROLL BEE MIRE

oisiAid	A OF VITA	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	, 201 v	V. PREST	ON ST.	BALTI	WORE,	MARYL	ND 2	201		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page nospital or attending physician.	HYSICIAN. physician.	: The law re	quires t	hat the d	eath cer	tificate	pe exec	uted with	in 24 h	ours afte	er death.	Page
JIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct ed for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed within 72 hours a	is certificat ial-transit p	e has been s	igned by	y the atte	anding p	hysician apers. P	and cor	npletely nd 2 shou	filled in	by the	funeral of in 72 ho	lirect urs a

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST MIDDLE 2e. DATE OF DEATH MONTH DECEASED NAME 2b. HOUR Geppi 2:50 Charles Frank May 1. 1980 IF UNDER 24 HRS 3. SEX 4 RACE 5 DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MONTH YEAR HOURS Male White T117 77 1918 **BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County Maryland DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Shipping Clerk Vulcan-Hart Franklin Square Hospital Rossville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore Dundalk 3431 Dunhaven Road 21222 NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Liberto Angelo Geppi Frances ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) YES WW 213-14-8611 Emily E. Geppi same as line APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic: PART). DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) Cardio-respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF Renal Failure: Shock: Adult Respiratory Distress Syndrome Conditions, if ony, which other gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF ö underlying couse lost. Ruptured Abdominal Aortic Aneurysm PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? shi NOT YES [00 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE April May ÖÜ 22a.1 certify that @ (this hospital) attended the deceased from 21 sow the deceased alive on. and that in # (our) opinion deoth occurred on the date and hour and from the causes stated view the body ofter death obove, (we) (did) 226. SIGNATURE 22c. DATE SIGNED DEGREE TO FUNERAL DI should be detache with the State De MEDICAL 5-1-80 MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 9000 Franklin Square Drive David Moises M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) COUNTY May 5,1980 Oak Lawn Cemetery Baltimore, MD 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 7922 Wise Avenue, 21222 **DHMH-16 25M** Duda-Ruck Funeral Home of Dundalk. (VRA 15, 4) 1/79 Tnc

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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S C (HIT DISC)	3 SEX Male	4 RACE White	5. DATE C	of Birth h 21°, 1908*	6. AGE (IN YEARS LAST BIRTHDAY) 72	# UNDER I YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS
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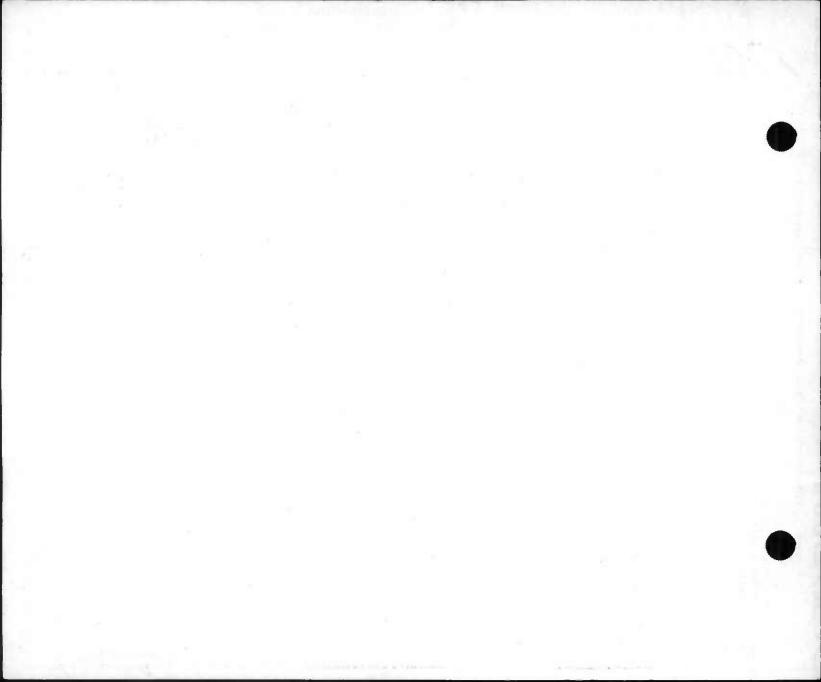
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, BA	UTED WITHIN 24 HOURS N PENCIL IN ITEM 18. G EXAMINER ALONG WIT IALT TRANSIT PERMIT. PA MENTAL HYGIENE, DIVI		18. CAUSE OF DEATH (Enter only one	cause per line for (a), (b), and (c).)	0 0100	1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TS Z			PART I DEATH WAS CAUSED BY:	JSE (a) Heale	yo carel it so	Macchion	
PRESTON	N ITE IN ITE IN ITE SIT PE HYGII		410- (DUE TO, OR AS A CONSEQUENCE OF	1 10	6	
8	NER ANS		Canditians, if any, which gave rise to immediate	(b) Chronec C	ardro- celebra	1	
₹	TED WITHIN A PENCIL IN INC. EXAMINER A IAL-TRANSIT MENTAL HYGON REMOVAL.		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	axte	110 miles	241
301	CUTE IN P			(c)			
RECORDS,	HOULD BE EXECUT RD "PENDING" IN CHEF MEDICAL E: USED AS A BURI OF HEALTH AND A AL, CREMATION, O	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	OUTING TO OEATH BUT NOT RELATED TO THE TERMINAL	OISEASE OR CONDITION GIVEN IN PART 1 (a).		
	WEEN WEEN SED A SE	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED?		20. AUTOPSY?
OF VITAL	S CERTIFICATE SHOURLY STRING THE WORD "REDED TO THE CHE SE 3 SHOULD BE USE TO SHOULD BE USE TO SHOULD SHOUL	TIFIC		PARELLINE IN THE			YES NO
OF V	ATE S THE C LD BE AENT BURIL	SE SE	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	TIC HOW INJURY OCCURRED (ENTER NATU	URE OF INJURY IN ITEM 18 PART 1 OR PA	ART 2)
NO	THE TO THE TO THE TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	NA.	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				
DIVISION	ERTING ED 1 3 SH 3 SH SIOR	MEDICAL	21d INJURY OCCURRED		If LOCATION STREET CI	TV OR TOWN	DUNTY STATE
٥	WARDED WARDED PAGE 3 S TATE DEP	2	WHILE NOT WHILE AT WORK	SIREET, FACTORT, FARM, ETC.)	SIREET	ITY OR TOWN CO	DUNTY STATE
	2 S S S S			re remains described above, held an	Autapsy , Inspection , 1	Inquiry (and in my ar	nininn
100			death resulted fram: Natural cau			nined manner .	a a
	3 F W F F		WANT	77	TITLE (SPECIFY)		-1-10
	CAL EXA THE CER SHOULD RAL DIR ATH, WI RE, MARY		SIGNATURE PATT	Inne	M.D. Deputs MEDICA	LEXAMINER SIGNE	5/18/80
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BATIMORE, MA		1/ 0	111111111111111111111111111111111111111	A	1011	0/1/
			EXAMINER'S NAME K. S.	HHLU WHLI	1/ ADDRESS 2112 De	undalle Au	Bir 2122
		23a.B	URIAL, CREMATION, REMOVAL 236. DA			ATION TOWN COU	INTY STATE
	BP		BURIA 51	21/80 Gler HAYEN	Memorial PARK . Br	41Timode	MIFRY/147d
401	DHMH - 17		JNERAL DIRECTOR	ADDRESS A A ANDRESS	250. DATE REC'D. BY RE	GISTRAR 256. BOSTRAR'S	SGNATURE
1-1	(VR A15 ME (5)) 15M 7/77	CA	ARles L. Sleveys Fo	uneral House, Inc. 1501	ENGRIPHICMAY 2 0 19	380	7

Company of the second s

STATE OF MARYLAND



within 24 hours executed ATTENDING PHYSICIAN:

Page 4 may be

tely filled in by the should be filed will

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

retained by the hospital or attendi

BP.

DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND

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	1 - STAT REGI	E STRAR XC 578 15	52	DEPARTN		ICATE OF DEA		IENE &	REG. N	0.	1	5 4	6
	1 DECEASE			VARD	GREE	ast N Sr.		2ª DATEO		980	DAY YEAR	26. HOUR 8:20	P.,
1	3 SEX MALE		RACE WHITE		5 DATE C			AGE INY		HDAY)	IF UNDER I YEAR	IF UNDER 24	HRS
	COUNTRY)	ACHUSETTS	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MAI	RRIED			COUNT			MD.
3			I IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A FORT H	ADDRESS)			120 USUAL (TYPE OF WOR Mach	K FOR MOST C	F WORKING LIFE		OF BUSINES	SOR
1	USUAL RES 13e STATE MARY	DENCE (IF NURSING HOME OR 136 COUNTY		GIVE RESIDENCE BEFORE 13c CITY OR TOWN BALTIMOR	N	131 INSIDE CITY YES K N	LIMITS?	130 STREET 39		ALBO	OT S	57.	
G	14 FATHER:		NDDLE	Green		15 MOTHER'S M	T	AE	E.		Know		
2		CEASED EVER IN U.S. ARA DRUNKNOWN) (IF YES, GIVE WW I	AED FORCES? WAR OR DATES)	041 07 8		Carl G:		Jr .79	ADDRI	ss Bed Scott	ford N Circl	lass Le 01	730
	Conc	AUSE OF DEATH (Enter onlard). DEATH WAS CAUSED IMMEDIATE ditions, if ony, which erise to immediate e (a), stating the erlying couse lost.	DUE TO, O	Perforate R AS A CONSEQUE	NCE OF	odenal Ul	lcer				BETWEEN	CMATE INTERVA	EATH .
		2 OTHER SIGNIFICANT CO			EATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E OR CON	DITION GIV	EN IN PART 1	01	
	CERTIFICATION 18 THE CATION	ATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORM	ED	20a AUTO	NO	IN CERTIF	, WERE FINDI YING CAUSES S K		?
	ORCO	CCIDENT WAS UNDERLYING DITRIBUTING CAUSE OF DEAT HER, NOTIFY MEDICAL EXAMINER)	HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJUI	RY OCCURR	ED (ENTERNA	TURE OF INJU	RY IN ITEM 18, P.	ART I OR PART 2)		
	21d. If		21e PLACE IAT HOME, STE	EET, FACTORY, OFFICE, FA		21f LOCATION STREET	80	MA.	CITY OR TO	٧N	COUNTY	STAT	re
		certify that M (this hospitalism the deceased alive an		aeceosea from	JANUA O	nd that in (ng/s) (ou	r) opinion o	eoth occurre		ate and hou		that (f) (we	,

sow the deceased alive on above, if (we) (did) (did par)

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED 27-80

22R ADDRESS

V.A.MEDICAL CENTER, FORT HOWARD, MD 21052

	C.V.J.	VERGHE	SE,	M.D.
23a	BURIAL, CREMATIO (SPECIFY) Bur	n, removal	23b. DA	TE 28/80

224. PHYSICIAN'S NAME (TYPE OR PRINT)

231 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem

DEGREE

23d LOCATION CITY OR TOWN Brooklyn

COUNTY STATE Md. A.A.

24 FUNERAL DIRECTOR George J.

ADDRESS Balto 21225 Ritchie Hgwy. Gonce 4001

MAY 2 3 1980

0807-,62 741 /42 23,41980 PLANT OF THE PROPERTY OF THE P First protons I loss altrofying to sentional x 5-27-80 V.A. delik in Column, part in the column 12 21352 .n.n., and .n.v.o

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	13	
1	1.1	
1		

REG. NO

BALTIMORE CITY OR COUNTY OF DEATH

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REGISTRAR DECEASED NAME (TYPE OR PRINT)

3 SEX

MIDDLE CHARLES Wesley

GREEN

5. DATE OF BIRTH

2e. DATE OF DEATH MONTH

AGE (IN YEARS LAST BIRTHDAY) 63

13e STREET ADDRESS

180 IF UNDER I YEAR IF UNDER 24 HRS

HTHOM 31.1917 Male White March 70. BIRTHPLACE ISTATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED

BALTIMORE COUNTY 126. KIND OF BUSINESS OR 12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Maryland IN CITY OR TOWN OF DEATH

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GBMC-6701 N. CHARLES ST

Green Sr.

Ret. Safety Eng. Insurance

10400 Greenside Drive

13g STATE 136 COUNTY Maryland 14 FATHER'S NAME

TOWSON

13c CITY OR TOWN Baltimore Cockevsville

15 MOTHER'S MAIDEN NAME Laura

NO TO

134 INSIDE CITY LIMITS?

Pearl Seets

Charles

Wesley Ma WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

4 RACE

166 SOCIAL SECURITY NO. 17 INFORMANT

ADDRESS 217-01-9175 Mrs. Ruth D. Green 10400 Greenside Drive

(YES, NO OR UNKNOWN) No

Canditians, if any, which gave rise to immediate cause (a), stating the

underlying cause

19a DATE OF OPERATION

214. INJURY OCCURRED

WHILE AT WORK

CERTIFICATION

0,

marked

MPORTANT:

PART I. DEATH WAS CAUSED BY

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) MASSIVE UPPER G.I. BLEEDING

YES [

IMMEDIATE CAUSE (a) DUE TO, OR A METASTATIC CA OF KIDNEY

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MOI
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.

NTH DAY YEAR

80

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

CITY OR TOWN

NOK

and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated

COUNT STATE

NO [

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

APPROXIMATE INTERVAL

27a. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive/or above, (1) (we) (did) (did not) view the body after death.

NOT WHILE

AT WORK

DEGREE

ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN

.80

22c DATE SIGNED 5-6-80

YES [

22d. PHYSICIAN'S NAME (TYPE OR PRINT) S. SHUREIH, M.D. 22e ADDRESS

GBMC-6701 N. CHARLES ST. 23d LOCATION

250. DATE REC'D. BY REGISTRAR 254 HEG

28a AUTOPSY?

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 5/9/80

23c NAME OF CEMETERY OR CREMATORY Dulanev Valley Cem.

Cockeysville Balto

STATE COUNTY

24 FUNERAL DIRECTOR

226 SIGNATURE

1980 Martin D. Lawson 10 W. Padonia Rd. Timonium MAY

DHMH-16 25M (VRA 15, 41 1/79

should by

FUNERAL

10771 . 1. 700 7/127

TELEFORM OF CLOSEN

5. 21 12 12 . 2

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	Page
	or ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page hospital or attending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ures
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	TTE
4	of ATTENDING PHYSICIAL hospital or attending physician
7	2.0

	1.	FOR - STATE REGISTRAR			DEPAR	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL I COATE OF DEATH	HYGIENE	8 0 REG. NO.	1	10	48
· (100)		CEASED NAME	FIRST	, n	DOLE	GR	een	2a D	ATE OF DEATH M	S 2	Y YEAR	26 HOUR
	3. SE	× MAI	e 1	RACE White		5 DATE (7 6 AG	E (IN YEARS LAST BIRTHE		UNDER I YEAR	# UNDER 24 HRS. HOURS MIN
72 hour		IRTHPLACE (STATE OR OUNTRY) Maryland	FOREIGN 71	CITIZEN OF V		Y? 8 MARRIE WIDOWI	DE NEVER MARRIED	O 7 BA	LTIMORE CITY OR Baltimo			MD
by the furthing ed within		ity or town of de ndallstown			FACILITY, GIVE STR	EET ADDRESS)	OR OTHER INSTITUTION	(TYPE	JSUAL OCCUPATIO of work for most of v erpenter		126 KIND O INDUSTRY	OF BUSINESS OR
filled in	USU 13e	AL RESIDENCE (# NUI STATE Md.	136 COUNT Balto	THER INSTITUTION, O	GIVE RESIDENCE BEF 13c. CITY OR TO Upperc	FORE ADMISSION) DWN	134 INSIDE CITY LIMITS		TREET ADDRESS	ce & 5	th Ave	
completely 1 and 2 shounded	14 F	Clyde	Mil	DOLE	Green		15. MOTHER'S MAIDEN FIRST Edna		WIODIE		Myer	iT .
ysician and corpers. Pages 1 are oval.	16a \	WAS DECEASED EVER YES, NO OR UNKNOWN)	(# YES, GNE W	AR OR DATES	212-10		Mrs. Edwin	Gree	addres en, Upperd			
n signed by the atter hen please remove co to burial, cremation by injury, or other tr	NC	Canditians, if any gave rise to imcause (a), statiunderlying cause	imediate ing the e last	(c)	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	Sep S DUENCE OF	NOT RELATED TO THE T		DISEASE OR COND	ITION GIVEN	N IN PART I	٥١
te has bee permit. T iene prior s shows ar	CERTIFICATION	190 DATE OF OPERA	ATION	196 CONDIT	ION FOR WHI	CH OPERATIO	N WAS PERFORMED	200	a AUTOPSY?		WERE FINDIN	
his certificat prial-transit p Mental Hygid or Item 18		216. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEATH	21b. TIME OF HOUR A.A	A. MONTH	DAY YEAR	21c HOW INJURY OCC	CURRED (I	ENTER NATURE OF INJURY	IN ITEM 18, PAR	T I OR PART 2)	
After this the buries the and Memarked o	MEDICAL	21d. INJURY OCCUP	VHILE	21e PLACE C	OF INJURY ET, FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
RAL DIRECTOR: detached for use at tate Opt. of Heal NT: If Item 21 is:		226. I certify that (I saw the decea above. (I) (we) 22b. SIGNATURE	sed alive an (did) (did nat)	view the bady of	2 19		DEGREE ATTENDINI PHYSICIAN 22e ADDRESS	G ME	Occurred on the date		22c. DATE	
TO FUNE should be with the S	23a.	BURIAL, CREMATION SPECKY) Birial		SHAH 236. DATE	23		EMETERY OR CREMATO	PRY 23	d. LOCATION CITY OR TOWN	_	утичо По	STATE
P DHMH-16 25M /RA 15, 4) 1/79	24 F	Burial UNERAL DIRECTOR Fline Fune	eral Ho	5-24-8			en Mem. Gar.	den de de de de de de de de de de de de de	Finksbur	g Ca	arroll	Md.

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Hemover Palm & Sth Ave. 15

212-13-8867 Tra. Rowin Curan, Mip roo, Mr.

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line Numeral Mone, He outons, tel. 2137h

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61	N.B.	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	GIENE 8	Ü REG. NO) o.	1	6	49
Í	Seoth		CEASED NAME FIRST	THAN "	R.	(A REENE SE	2a. DATE	OF DEATH	MONTH 5	DAY 3	VEAR 80	26. HOUR 10:50 A
oge 4 mo	urs after o	3. SE	Male	Whit	و	5. DATE C		XXX	0.5	YRS	MONTHS:	DAYS	IF UNDER 24 HRS HOURS MIN
death. Po	unerol di hin 72 ho	l C	RTHPLACE (STATE OF FOREIGN DUNTRY) 1aryland	U.S.		WIDOWE		Ba	ORE CITY O	Col	in.	4,	M
201 urs after	i filed with	Co	CKCUSUILC.	CIF NOT IN SUCE	FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	(TYPE OF WO	Presic	WORKING	IFET IND	USTRY	e R.R.
MARYLAND 2120 ed within 24 hours	should be	130. 5	AL RESIDENCE (IF NURSING HOME OF TATE 13b COU	NTY TOTAL TO	13c CITY OR TOW	N	13d INSIDE CITY LIMITS? YES NO NO NAIDEN NA	20	ADDRESS_	Tex	15	Ra	ad
	camplete 1 and 2		VAS DECEASED EVER IN U.S. A	MIDDLE .	LAST LAST 16b SOCIAL SECU	-	17. INFORMANT	7716	ADDRE	SS	th	know	in.
BALTIMORE	ors. Pages	(1	res, LIO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	214-18-7	089	Letitia Wamb	augh	Wa	ashin			NATE INTERVAL NSET AND DEATH
11 W. PRESTON ST., B.A. thot the death certificat	i by the attending physiese remove corban ρορ ol, cremotian, ar removo rather troumatic event,		PART I. DEATH WAS CAUS [MMEDIA] Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR	R AS A CONSEQU	CAND ENCE OF	TIC CARCIA		Inne -Rew			EIWEEN O	NSET AND DEATH
RECORDS, 20	it. Then pl	CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM		ASE OR CONE				GS USED
AL REG	e hos b	RTIFIC			Mary 1			YES 🗌	NO	Y	ES 🗌		NO [
DIVISION OF VITAL NG PHYSICIAN: The	riof-trans ental Hyg frem 18 s		21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE {IF EITHER, NOTIFY MEDICAL EXAMINES	P.#	M. MONTH D M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER)	NATURE OF INJUR	Y IN ITEM 18	PART 1 OR	PART 2)	
NG PHY:	fter this as the bu th and M orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PŁACE ((AT HOME, STR	DF INJURY BET, FACTORY, OFFICE, I	FARM, ETC.]	211 LOCATION STREET		CITY OR TOW	/N	cou	NTY	STATE
TTENDII pital or	for use of Heoli 21 is me		22a.1 certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n	n	19_		d that in (my) (our) opinion	death occur	red on the do	ote and ha			hat (I) (we) last ouses stated
AI OR A	AL DIREC detached ote Dept. IT: If Item		22b. SIGNATURE	note	merg		DEGREE ATTENDING PHYSICIAN [R PHYSIC	IAN	22 L	DATES	13/80
SPIT d by	TAN TAN		226. PHYSICIAN'S NAME (TYPE	OR PRINT)	V.		22. ADDRESS Phoen:	ix, Ma	ryland				

230 NAME OF CEMETERY OR CREMATORY

May 6,1980 Dulaney Valley Cem.

ADDRESS 1050 York Road

23d. LOCATION CITY OR TOWN

Cockeysville, Balto., Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

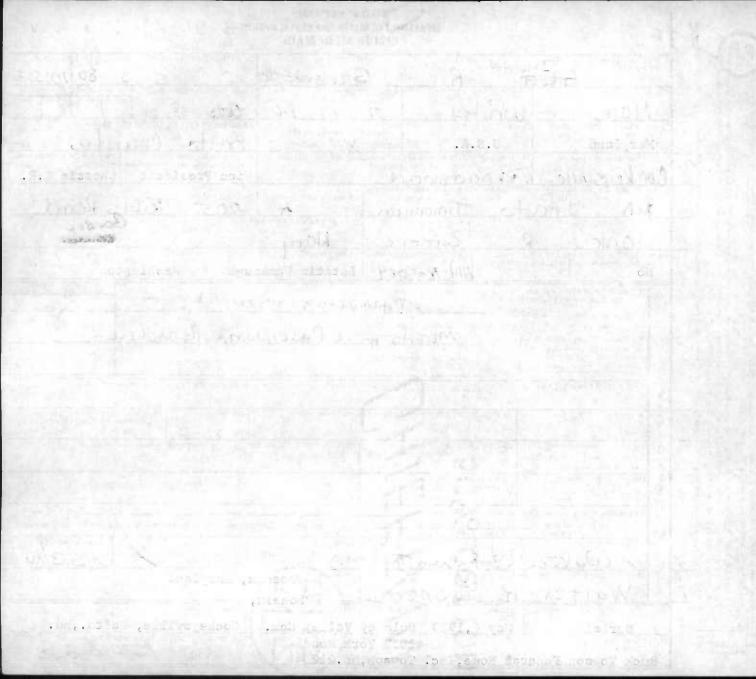
230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial
24 FUNERAL DIRECTOR
NAME

23b. DATE

Ruck Towson Funerak Home, Inc. Towson, Md. 21204

DHMH-16 50M7/77 (VR A 15 (4))

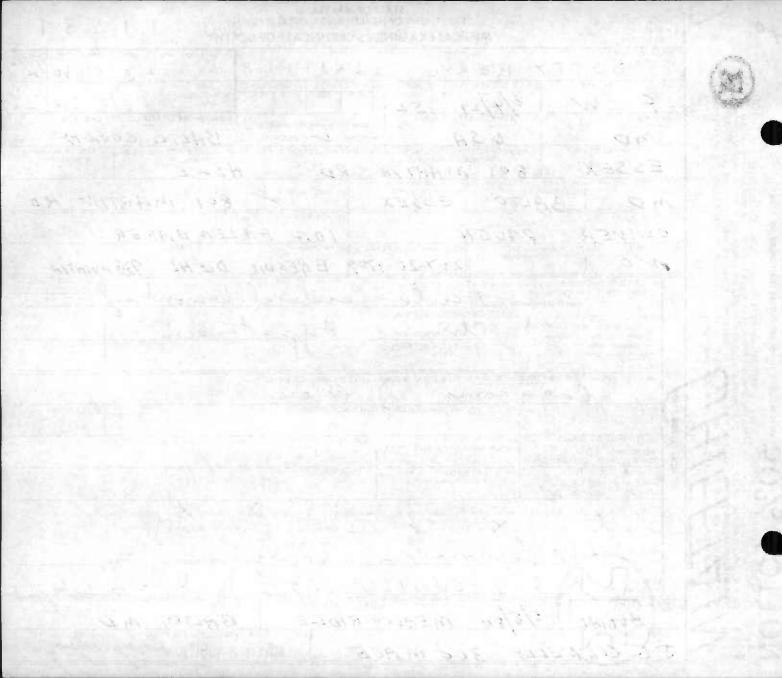


				STATE OF MARTLAND	12	1 / 5 /
	1-	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	0 3 (
)		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	AY YEAR 26. HOUR
	(TYPE	MILDRED	S.	GRIEB	05_1	3 80 9:40
1	3. SE)		1 RACE White	5. DATE OF BIRTH MO7-26-1703 YEAR		FUNDER 1 YEAR IF UNDER 24 HOURS MI
3	7a-Bill	RTHPLACE (STATE OR FOREIGN)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	to Co:
257 mg		ALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / 6701 N. CHAR	G HOME OR OTHER INSTITUTION ADDRESS) GBMC	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOME Maker	126. KIND OF BUSINESS INDUSTRY
niner mu			OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION}	130. STREET ADDRESS NO LA AVE	enue-21206
lcal exam	14. FA	ATHER'S NAME	ADDLE LAST	15. MOTHER'S MAIDEN NA		LAST
the med	16a_ V	VAS DECEASED EVER IN U.S. ARA YES, NOOR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 214-26-6		s G. Albert -33 Be	elhaven Dr2
or to burial, cremation any injury, or other tra	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	NCE OF	minal disease or condition give	
18 shows	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	WERE FINDINGS USED YING CAUSES OF DEATH?
Hy Hy	-	21a. ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT I OR PART 2)
Te d	_	OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
th and Mental I	MEDICAL C		and the second s	19 211 LOCATION STREET	CITY OR TOWN	0.0
or Ite	_	(IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19 211 LOCATION STREET 04/14 19/80	city ar town , to05/131 n death accurred an the date and hour	9 80 , that (I) (we) and from the couses stated
iched for use as the burial-tra Dept. of Health and Mental : If Item 21 is marked or Ite	_	(IF EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHILE AT WORK AT WORK 72a.1 certify that (1) (this hospit sow the pigcased objector)	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19 211 LOCATION STREET 04/14, 19 80 DEGREE ATTENDING PHYSICIAN	n death accurred on the date and hour	9 80 , that (I) (we)
ched for use as the burial-tree Dept. of Health and Mental If Item 21 is marked or Ite	_	(IF EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHILE	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F tal) ottended the deceosed from 05/13 19-8	19 211 LOCATION STREET 04/14, 19 80 O4/14, 19 80 DEGREE ATTENDING PHYSICIAN 224 ADDRESS	n death accurred on the date and hour	9 80 , that (1) (we) and from the couses stated 22c. DATE SIGNED 05 1/13/80

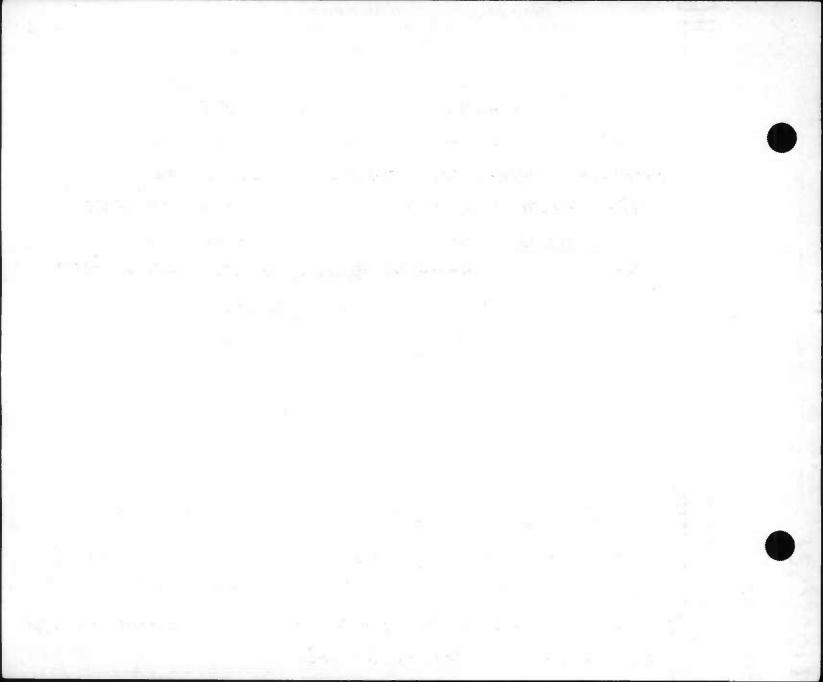
E The section of the Paris of the 994:3 89 81:30 HEINE . . . CETTAINE TOTAL ON THE RESERVE NO. 10 TOTAL PRODUCTION 305/8-2424 She 7054 LIMITED . A CITY STEEL = 1 in the second se

one, when the the enter it -21 25

	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
10	11-	- STATE	5
7	100	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
-		DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY	YEAR 26. HOUR
	(11)	TYPE OR PRINT) BETTY BERYL GRIFFITH DEATH MATED & E/C	1980 AM
£ 350000	3. SE	3/3	
Polari	J. JL.	EX 1. RACE S. DATE OF BIRTH AND HEAT OF BIRTH AN	10 10
4000		F W 8/4/27 52 YRS DEAD 5/5	19 80 AM
SS SS ALL	70. B	BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF	DEATH
JECESS, UNERALI PONERALI PONER	1	MP. USA WIDOWED - DIVORCED BALTO COUR	.~ 6
7 11 10 15 -	10 C	OHE C. C.	IND OF BUSINESS
THE GE		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING (IFF.)	R INDUSTRY
ELAY IS TO THE 1 PAGE BE FILED 15,301 \		ESSEX 801 MARTIN RD HSWE	
Sep 3	USU/	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
ORE, MD. 21201 RR DEATH. IF ANY DELAY AGES 1, 2, AND 3 TO 1 SRW PM 3. RETAIN PA 1 AND 2. SHOULD BE FI 1 AND 2. SHOULD BE FI 1 OF ATTAL RECORDS, 3	100.0	STATE 130. COUNTY 130. CITY OR TOWN 130. INSIDE (ITY LIMITS? 130. STREET ADDRESS YES NO 1 801 MARTIN	V RD
3. F. S. F. Z.	14 E	FATHER'S NAME 15. MOTHER'S MAIDEN NAME	714
A FLASSED TO		FIRST MIDDLE LAST FIRST MIDDLE	LAST
ORE, M SR DEA ORM PI OF A OF A		OLIVER PAUGH IDA FAZENBAKER	
THORE, FTER DE F PAGES FORM ES 1 AN ION OF	160. \	WAS DECEASED EVER IN U. S. ARMED FORCES? (YES_NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
ALTIMA S AFTE GIVE P ITH FC AGES VISION		(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-20-47E9 BRENDA DIETHL 938 MM	10712
w 0 ~ > -	F		APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY:	WEEN ONSET AND DEATH
PRESTON ST., WITHIN 24 HOL CIL IN ITEM 18 INER ALONG TAL HYGIENE, WOVAL.		IMMEDIATE CAUSE (a) Turk Cetelle hemming	
ESTO HIN 2 IN IT IN IT R ALC SIT PE HYGI		DUE TO, OR AS A CONSEQUENCE OF	
# E = # Z = 0		Canditions, if any, which gove rise to immediate (b) Chronic Ayper Tarsian	
		cause (o) stoting the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF	
DIVISION OF VITAL RECORDS, 301 W. PREST S CERTIFICATE SHOULD BE EXECUTED WITHIN RITING THE WORD "PENDING" IN PENCIL IN ROED TO THE CHEF MEDICAL EXAMINER A FE 3 SHOULD BE USED AS A BURIAL-TRANSII E DEPARTMENT OF HEALTH AND MENIAL HY PRIOR TO BURIAL, CREMATION, OR REMOVAL		lying cause lost.	
N NO X		((c)	
TAL RECORDS, : HOULD BE EXEC RD "PENDING" THEF MEDICAL USED AS A BO OF HEATH AND AL, CREMATION	7	PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)	
MART ASS	ō	(Caranoma) Colon	
SHOULD ORD "PER A CHIEF A E USED TO FILE	X	196. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20.	AUTOPSY?
4 00734	E		YES NO
DIVISION OF VITA S CERTIFICATE SHO RITING THE WORD RED TO THE CHI ES 3 SHOULD BE US I E DEPARTMENT OF I PRIOR TO BURIAL,	CERTIFICATION	210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2]	163 (1 140 (1
PICAL THE O THE OULD STANE			
ION TIFIC TO TO HOUGH	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19	
IVISIC CERTI TING TING DED 1 3 SH DEPA	l de	21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM. ETC.) STREET CITY OR TOWN COUNTY	STATE
DIVIS THIS CER WARDED PAGE 3 TATE DEP	1	WHILE NOT WHILE O STREET, PACTORY, PARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
R: THIS C TE, WRIT DRWARDI S: PAGE: STATE D			
ATAG SH		22a. I certify that I took charge of the remains described abave, held an Autopsy , Inspection , Inquiry , and in my opinion	
A H H H H H H H H H H H H H H H H H H H		death resulted from: Natural causes Accident Suicide L., Hamicide L., Undetermined manner L.,	
W S C S S S S S S S S S S S S S S S S S		TITLE (SPECIFY)	
THE STATE OF THE S		ACTUAL SIGNATURE M.D. MEDICAL EXAMINER SIGNED	
ER SH		MEDICAL EXAMINER SIGNED	
MAC A PED	1	(TYPE OR PRINT) K. S. At H CU WALI ADDRESS 2112 Dundelk As	0 129100
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, NPAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR, PAFTER DEATH, WITH THE STABBALTIMORE, MARYLAND, 212	02. 5		24/1 41/2
F w d F < 0	230.B	BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY	STATE
BP		BURIAL 3/8/PO MEADOWRIDGE BALTO, MP	4-14 TATE
DHMH - 17	24. F	FUNERAL DIRECTOR ADDRESS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNAL ADDRESS	
(VR A15 ME (5)) 15M 7/77	17	J. G. CONNELLY 300 MACE MAY 1 2 1980 Pirkry/No	Creody
13/11///		MEG NO T D 1900	

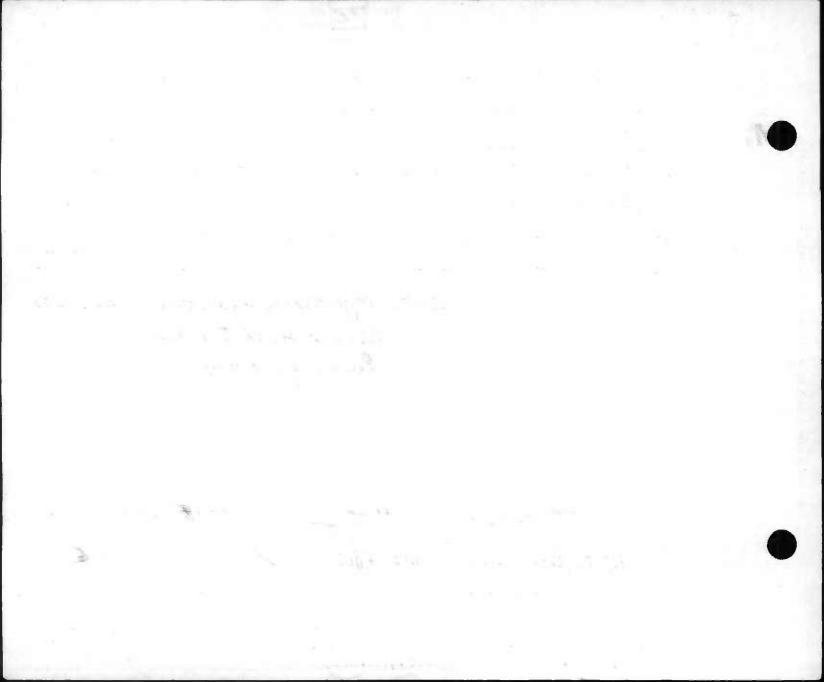


,			STATE OF MARYLAND	-
5	1 -	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 1 6 5	2
be 3		CEASED NAME FRIST	NCES A GRISWOLD 5 13 80 2	PM
e 4 may be ctor, page 3 safter death	3_SE		1 RACE S. DATE OF BIRTH MONTH DAY YEAR 12 22 94 85 YRS. 1 RACE S. DATE OF BIRTH MONTH DAY YEAR 1 2 22 94 85 YRS.	
one direction		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTY OF DEATH	
by the funer files offiner	10 CI	YOR TOWN OF DEATH	11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MANOR CARE ON THE INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MANOR CARE ON THE INSTITUTION (IT VE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSE EVEN FE	SS OR
24 hou filled in ould be	USU/ 130 S		R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
completely i and 2 sh	14 FA	THER'S NAME FIRST	MIDDLE LAST UN KNOWN LAST	
e exec Pages medic		(AS DECEASED EVER IN U.S. AR. ES, NO OF UNKNOWN) (IF YES, GIVE	214-14-0898 MARION L. WIRTS SAME 21136	
e death certificot e attending physis mave corbanpop notion, ar removol troumatic event, i		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF (b) Corerary Arleny Disease	DEATH
equires that the right of signed by the please reto borial, creminjury, or other	z	couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
os beer os perior me prior	CERTIFICATION	198 DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY? 100 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO YES NO	H?
HYSICIAN: The riding physicion in certificate buriol-transit promoted by Mental Hygier or Item 18 sho		2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	
or attendir After this e as the bu olth and M marked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. LOCATION STREET CITY OR TOWN COUNTY STA	ATE
Spital Spital CTOR. for us of He		sow the deceased olive on	intal) attended the deceased from 3/12, 19 9, to 19 9, that (I) (w	
2 0 0 0 ±		276. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF	30
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store IMPORTANT:		NAJI HA	PROUN 910/ Franklin Square or. 10	237
BP	130	URIAL, CREMATION, REMOVAL DECIFY) A L	5-16-80 DRUID RIDGE CEM. BACTO CO. 1	4D.
DHMH-16 20M (VRA 15, 4) 7/78	24 FI	NEWELL FA	4. 100 REISTERS TOWN RD. MAY 1 9 1980	



ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours aft

		1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	0.	1 6	5	3
B. All			CEASED NAME FIRST		MIDDLE		AST		MONTH DAY	Y YEAR	2h. HOU	-
/V29		(,,,,	Lillia	n	Μ.	Gr	itz		May 1	5, 198	\$ O	5 M
		3. SE	X	RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER	R 24 HRS
000			Female	White	€	Aũg	. 1°, 1969	70	YRS.		HOURS	WIN
# 6	ė –	7a BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	L CITIZEN OF	WHAT COUNTRY	? I MAPPIE	D NEVER MARRIED	1 BALTIMORE CITY O	RCOUNTYO	F DEATH		
	\$55	1	Maryland	USA		WIDOWE	DIVORCED [Baltimor		nty		MD.
by the filled	OCHied		arkville		HOSPITAL, NURSI La Hari		or other institution Rd.	Super Visi	ON EWORKING LIFE)	126 KIND O INDUSTRY	F BUSINE	ESSOR
filled in	333	13a S	al residence (# nursing home or state Maryland Balt	OTHER INSTITUTION LY LMOTE	13c. CITY OR TO		134 INSIDE CITY LIMITS?	13.75510051	d Harf	ord F	≀d.	
tely 2 sh	Jiner	14. FA	ATHER'S NAME	IDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE				
aldim	\$230	ز	ames	uno CE	Amos		Mÿrtle	WIDDLE		Han	hlin	
n and co	medical	16a V	VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? WAR OR DATES)	214-20	_	17 INFORMANT Lillian But	tt, dghtr		For	211 ge R	
the attending physic remove carban paper	er troumotic event, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSE! IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	JENCE OF	Mocarden R. C. L. A.	N.C.V.	ión ace		mate inver onset and 23 –	
igned by	ury, ar ath	7	underlying couse lost PART 2 OTHER SIGNIFICANT C	(c)			HOLINGHAY NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	V IN PART 10	ים	
ne low requion. has been set permit. The	dows ony injured	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, NIN CERTIFYII	WERE FINDIN	NGS USED OF DEAT	TH?
physic printicate of trans	em 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		DE INJURY M. MONTH [M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	T I OR PART 2}		
attending ter this c	rked or II	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TOY	VN.	COUNTY	ST	TATE
spital or CTOR: Af	21 is ma		22a.1 certify that (1) (this heapin sow the deceased alive an above, (1) (we) (did) (did not	0-9-	. 80 19		nd that in (my) (our) opinion o	to 5- death occurred on the do	5 (15) 19 ote and hour a	-	that (I) ()	
by the ho	ANT: If hen		226. SIGNATURE	WW.	<i>,</i>	mo-	FACS ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FF IAN 🗆	5-/	SIGNED	30
Promod Promod Novid to	IMPORT,		Harold Bur				8106 Har					
ВР		- (Burial, Cremation, Removal Burial				emetery or crematory nd Mem. Par		ltimon		d.	ATE
DHMH-16 (VRA 15, 4		24 F	Home. Inc.	neral		-	air Rd. MA	Y 2 0 1980	25b. REGISTRA	R'S SIGNAT	URE	



<	/	3
	deoth. Page 4 may be	in 72 new are a noth

completely filled in by the fu i.1 and 2 should be filed with

executed within 24 hours ofter

certificate be

deoth

requires that the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

}			0	red	100
RE	G. NO).			

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1-	FOR STATE REGISTRAR			DE	PARTMENT OF I	HEALTH AND			EG. NO.	10	3 4
	CEASED NAME	FIRST		WIDDLE		LAST		20. DATE OF DEA		DAY YEAR	R 2b. HOUR
(1116	OK PKIN()	Mare	aret	C.	Grov	es		May 1	17th 19	980	3:00A
3. SE	X		RACE			OF BIRTH		6 AGE (IN YEARS L		IF UNDER 1 Y	
1	FEMALE		CA	U.	ALL		1898	1 81	YRS		AYS HOURS MIN
	RTHPLACE (STATEOR)	FOREIGN 7	CITIZEN OF	WHAT COU	NTRY? 8	D NEVER		9 BALTIMORE	ITY OR COUN	TY OF DEATH	1
	CALLEDON.	Md.	U	.S.A	WIDOW		VORCED [Bai	ltimore	Count	t v Mi
10 CI	TY OR TOWN OF DE	ATH 1			NURSING HOME (TITUTION	12a USUAL OCC	UPATION	12b. KIN	D OF BUSINESS OR
	Baltimore	9			s Hospi	tal			SEWIF	E INDUST	KY
USU,	AL RESIDENCE (IF NUR	SING HOME OR	THER INSTITUTION	GIVE RESIDENCE	CE BEFORE ADMISSION)		TITY LIANTES	13e STREET ADD			Apt.
M	ARYLAND	BA		I St. CITY O	K TOWN	13d INSIDE C	NO X	6401	-OCH Y	BAVEN	BIA. 20:
14. FA	THER'S NAME					15 MOTHER	S MAIDEN NA			111000	V 1G.
W	ICHAEL	M	DDLE	BO	FH	MATE	GARF-	T	DDLE	AIBE	RCHT
	VAS DECEASED EVE			16b SOCIA	L SECURITY NO.	17 INFORMA	ANT	1	ADDRESS	BALTO	212010
()	(ES, NO OR UNKNOWN)	(IF YES, GIVE	VAR OR DATES)	2/10-0	31-6322	ELFA	NOR CH	HARD 6	528 B	FLLEV	VISA AVE
	18 CAUSE OF DEA	TH (Enter only	one couse pe	line for (a).	(b) and (c)	17	-	11/1/20	3013.10	APP	ROXIMATE INTERVAL
	PART I. DEATH V	WAS CAUSED	BY:			HEART	T-AIZUA	e i ·			20 DAYS
	410-	IMMEDIATE			SEQUENCE OF					1.0	
	Conditions, if ony	v. which	(16)	/1		CARDIA	Infa	PETION			20 DA45
	gove rise to im	nmediote	DUE TO O		ISEQUENCE OF		2		^		
14	underlying cous	0	(6)		EN10SCLE	NOTIC (oronny	HEART	DISTASE	- 0,	NKNOWN
	PART 2 OTHER SIG	NIFICANT CO	ONDITIONS C	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OF	CONDITION	GIVEN IN PAR	T 1/01
O											
CERTIFICATION	19a DATE OF OPERA	ATION	19b. COND	ITION FOR	WHICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY	? 20b. IF	YES, WERE FIN	NDINGS USED SES OF DEATH?
T	. 44							YES NO	OX INCER	YES [NO [
E.	21g. ACCIDENT WAS UN		21b. TIME C	FINJURY M. MONT	ILL DAY VEAD	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE	OF INJURY IN ITEM I	18, PART 1 OR PART	2)
AL	OR CONTRIBUTING [,	.M. MONT	H DAY YEAR						
MEDICAL	21d. INJURY OCCUR			OF INJURY		211. LOCATION	NC	CITY	ORTOWN	COUNTY	STATE
Σ	WHILE NOT V	WHILE	(AI HOME, SI	KEET, PACTORY,	OFFICE, FARM, ETC.)	JAKET		CITY	OK TO WIT	CODINI	STATE
72	22a. I certify that (I) (this hospite		ne deceosed		27	19 80	, to 05	- M	19 80	_, that (I) (we) los
	sow the deceo	sed olive on_	05-16	ofter death	19_800	nd that in (my)	(oor) opinion o	deoth occurred on	the dote and h	nour and from	the couses stated
	226. SIGNATURE	/ /		Offer deoffi		DEGREE				22c. D/	ATE SIGNED
	authory	1 Gost	wand	eush.	mo) '	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [] F	STAFF PHYSICIAN [05	5-17-80
	22d PHYSICIAN'S				chic II	22e ADDRES	SS				
	ANTHONY	A. LE	WANDO	NSICI		300 F	Joppn	Rd.	Towson	Md a	11201
23a. E	SURIAL, CREMATION		23b. DATE		23c. NAME OF C		CREMATORY	23d. LOCATIO	N		
(BURIA!		5/21	180	HOLYT	REDEE	MER	BALT	Ö	COUNTY	M L STATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician. BP

> DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physitian should be detached for use as the burial-transit permit. Then please remove corban papern is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event.

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR
HARTLA

THE REPORT OF THE PARTY OF THE

STATE OF MARYLAND CERTIFICATE OF DEATH

5 DATE OF BIRTH

WIDOWED

OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

H PACILITY, GIVE STREET ADDRESS!

MANDALLIONN

MAR

166 SOCIAL SECURITY NO

GIRAMNEGATIVE

RCINTMA

13c OITY OR/TOWN

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 32

MARRIED A NEVER MARRIED

YES T

17 INFORMANT

DIVORCED

NO M

15 MOTHER'S MAIDEN NAME

FIRST

13d INSIDE CITY LIMITS?

24 DATE OF DEATH MONTH & AGE (IN YEARS LAST BIRTHDAY)

REG. NO

DAY YEAR

2h. HOUR

IF UNDER I YEAR

IF UNDER 24 HRS QAYS

BALTIMORE CITY OR COUNTY OF DEATH

17h KIND OF BUSINESS OR INDUSTRY

12r USVAL OCCUPATION (TYPEO WORK FOR MOST OF PORKING LIFE) ouse wite

om

13. STREET ADDRESS

MIDDLE

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED INTESTINAL OBSTRUCTION

MIDDLE

Th CITIZEN OF WHAT COUNTRY?

a

70a AUTOPSY?

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NOM YES 🗍

YES [NO [

COUNTY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

STATE

and that in (my) (aur) apinian death accurred an the date and havr and fram the causes stated

22c DATE SIGNED

21f LOCATION

STREET

ATTENDING PHYSICIAN |

MemoRIAL

MEDICAL STAFF DIRECTOR | PHYSICIAN

DA

DEGREE

22R ADDRESS

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION

COUNTY

STATE

24 FUNERAL DIRECTOR

FOR

REGISTRAR

To. BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

ELLA

4 RACE

#SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

LIO

MIDDLE

I (IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

IS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

136 GOUNTY

MAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

last

Canditions, if any, which gave rise to immediate cause (a), stating

underlying cause

19a DATE OF OPERATION

21d. INJURY OCCURRED

23a BURIAD CREMATION, REMOVAL

(SPECEDURIAL

WHILE AT WORK

226. SIGNATURE

71R. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

AT WORK

224 PHYSICIAN'S NAME (TYPE OR PRINT)

DECEASED NAME

- STATE

(TYPE OR PRINT)

COUNTRY

13a STATE

14 FATHER'S NAME

(YES, NO OR UNKNOWN)

3 SEX

22a.1 certify that (1) (this haspital) attended the deceased from

236. DATE

71b. TIME OF INJURY

21s PLACE OF INJURY

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE perfory/Kelready

DHMH-16 25M (VRA 15, 4) 1/79

2 ď

CERTIFICATION

MEDICAL

by

54

be

y fille

shoc

00

TO FUNERAL E should be detach with the State D MPORTANT

Light of Bliffer Warming

1	×	5	3	

Page 4 may be

executed within 24

certificate be

death

requires that

ATTENDING PHYSICIAN:

TO HOSPITAL OF ATTENDING PHYSICIAN retained by the hospital or attending physician.

1 - STATE

STATE OF MA DEPARTMENT OF HEALTH A CEDTIFICATE A

RYLAND ND MENTAL HYGIENE	8	0	T	1	6	5	6
OF DEATH		REG. NO.					

REGISTRAR	-	CEKITI	ICATE OF DEATH	REG. N	0.	
I. DECEASED NAME FIRST	WIDDLE		LAST			Zb. HOUR
ERNEST	GREGORY	GRUE			1980	12.05A _M
3. SEX	4 RACE	5. DATE C		AGE (IN YEARS LAST BIR		YEAR # UNDER 24 HRS
male	white		in. 22, 1922	58	YRS.	
JO BIRTHPLACE (STATE OR FOREIGN COUNTRY)	USA	D NEVER MARRIED C	Daltimomo		TH MD	
Parkville	11. NAME OF HOSPITAL,	NURSING HOME		1281 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Machinist		IND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CO MD Ba	OR OTHER INSTITUTION, GIVE RESIDER UNITY 13c CITY (nce before admission) OR TOWN KVILLE	134 INSIDE CITY LIMITS?	13. STREET ADDRESS Morv	en Rd.	
FATHER'S NAME FIRST EXPRESE DOME	MADIE SNICO Gri	IAST IC	IS. MOTHER'S MAIDEN N	MIDDLE	Gue.	rrieri
(15 YES	INE WAR OR DATES)	16-9275	17 INFORMANT Mrs Lydia	Grue	ss Same	
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) T CONDITIONS CONTRIBUTION FOR	MARAJA		20e AUTOPSY?	20h. IF YES, WERE F	INDINGS USED
On COMPANY OF CHICK OF	DEATH HOUR A.M. MON	NTH DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	YES THE TEM 18, PART 1 OR PA	NO
OR CONTINUUM CAUSE OF THE PROPERTY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTOR)		211 LOCATION STREET	CITY OR TO	vn count	TY STATE
obove, (I) (we) (did) (did	spital) attended the decease on 3-27-80 not) view the body after deat	190	nd that in (my) (our) opinion	on death occurred on the d	ote and hour and from	, that (I) (we) los in the couses stated
27h SIGNATURE	Mama	2	ATTENDING PHYSICIAN	MEDICAL STA	FF C	DATE SIGNED
Dr. John J			611 Park	Ave., Bakto,	Md.	
39e. BURIAL, CREMATION, REMOV.	INTERNAL PROPERTY.		CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY	STATE
Burial FUNERAL DIRECTOR NAME Leonard J Leonard	• Ruck, Inc.	Dulan DRESS Balto	o., Md.	Baltime ATE REC'D. BY REGISTRAR AY 2 1 1980	754 BESISTRARS SK	NATURE

BP.

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTÒR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

Burial 5/24/80

24 FUNERAL DIRECTOR ANAME LEONARD J. Ruck, Inc. ADDRESS Leonard J. Rust

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer retained by the hospital or ottending physician.

4	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIEN O REG. NO.	1 6 5 7
1	1. DECEASED NAME (TYPE OR PRINT)	_	Hall	20 DATE OF DEATH MON	2 80 2b HOUR
	Female	4 RACE White	5. Date of Birth "10" 16" 189	6 AGE (IN YEARS LAST BIRTHDAY	() IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
85	70 BIRTHPLACE (STATE ORFOREIG COUNTRY) Virgin		RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Doll tamono	
00	Dundalk	7002 Morni		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOUSEWI)	PRKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Home
25	USUAL RESIDENCE (IF NURSING IT 130 STATE 13b.	Balto. Sive residence of the county of th	BEFORE ADMISSION) TOWN YES NOTE NOTE		ot.A nington Rd. 212
RO	William	F. Wilfo	ng Is mother's maiden	NAME	Rader
1	160 WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) (IF	(ES, GIVE WAR OR DATES)	6-7012 Mr. Han	ce Hall San	ne as 13
	PART 2. OTHER SIGNIFIC	DUE TO, OR AS A CONSESS. (c) CANT CONDITIONS CONTRIBUTING	EQUENCE OF TO DEATH BUT NOT RELATED TO THE T		ON GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED
9	21g, ACCIDENT WAS UNDERLY	ING 216. TIME OF INJURY	216 HOW INJURY OC		YES NO
-7	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d. 1) JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	AMINER) P.M. 21e. PLACE OF INJURY	19 21f LOCATION	CITY OR TOWN	COUNTY STATE
1	220.1 certify that (I) (this sow the deceased o	Denman	DEGREE ATTENDIN PHYSICIAL 22e ADDRESS	GMEDICAL STAFF	0 00 11 1
	230. BURIAL, CREMATION, REM (SPECIFY) Burial	OVAL 236. DATE 5/6/80	23c. NAME OF CEMETERY OR CREMATO OakLawn Cemeter	y Baltime	
- 1	24 FUNERAL DIRECTOR NAME Duda-Ruck In	ADDRES	S BA	DATE REC'D. BY REGISTRAR 256. AY 9 1980	REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

163-615 1928 When John 1869

FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND

3	0		6	5	9
	REG	NO.			

1.	STATE REGISTRAR			DEFARIN		ICATE OF	DEATH	9	6. NO.	1 6	5 9	
	CEASED NAME OR PRINT)	FIRST Willia		• Har	npt	AST		20 DATE OF DEAT		8 1980	26 HOUR pm 12.30	
3. SE	x maj		Cauc	casian	5. DATE C		1884	6 AGE (INVEARS LAST	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
70. BIRTHPLACE STATE OR FOREIGN 76 (Amer	/ *	MARRIED NEVER MARRIED WIDOWED DIVORCED			BALTIMORE CITY OR COUNTY OF DEATH t				
	MD		402 suc		Ave.		erCo.21	12a USUAL OCCUP LIYPE OF WORK FOR MC 155 FAK		12b. KIND C	tired	
13a S		Balt	er institution.	GIVE RESIDENCE BEFORE 1130. CITY OR TOWN Upper	N ~	YES 🗌	NX 🗆		rcadi	a Ave.	Upper Co	
	August	MIDD		Hampt		Ma	r's MAIDEN NAM	Darmiobi	imore	Co. 23 Myers	1155	
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMEI (IFYES, GIVE WA		220 44	9546	Mr.		P. Fuhrman	n, Upp	erco, Md	l.	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost Wyocardial Infarction Heart Attack DUE TO. OR AS A CONSEQUENCE OF Chronic Brain Syndrome DUE TO, OR AS A CONSEQUENCE OF Chronic Brain Syndrome									ONSEL AND DEATH		
NOI	PART 2 OTHER SIGN							inal disease or c				
RTIFICA'	NO			196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?				
MEDICAL CERTIFICATION	216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. TIME OF INJURY HOUR A.M. MONTH DA 12.3.9 5 1					30	at home	RED (ENTER NATURE OF	INJURY IN ITEM 18	, PART 1 OR PART 2)		
MED				OF INJURY LEET, FACTORY, OFFICE, F NOME		21f. LOCA STREE	ET	adia Ave. Upper co. 21155				
	220.1 certify that (1) sow the decease above, (1) (we) (d	d olive on	718	am 1980	12.3()or	~	y) (our) opinion (to 1 • O	Opm ne dote and ha		that (I) (we) lost couses stated	
	22b. SIGNATURE	n a	, 1	ant		DEGREE D.	ATTENDING PHYSICIAN	MEDICAL :	STAFF YSICIAN []	5-19	9-1980	
	22d. PHYSICAAN'S NA	ME (TYPE OR PRI	VI)			22e. ADDR	ESS					

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur TO FUNERAL DIRECTOR: After this certificate has been IMPORTANT: If Item 21 is morked or Item 18 shows ony HOSPITAL OR ATTENDING PHYSICIAN: The toetoined by the hospitol or (VR A 15 (4))

mpletely filled in by the funeral director and 2 should be filed within 72 hours of

23b. DATE

2893 Baltimore

21074

Finksburg, MD Blvd. 21048 Balltimore 23d LOCATION
Upperco

23a BURIAL, CREMATION, REMOVAL 23 23c NAME OF CEMETERY OR CREMATORY

O Mt. Zion Gemetery 5-22-80 24 FUNERAL DIRECTOR Eline Funeral Home, Hampstead, Md.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76

Carlina A. A. Carlina election of the state of the st and and and the same of the sa BETTER THE LINE OF SECTION AND SECTION SECTIONS. the allows to a line or the constitution derngreit dorn-. Le forst of territor is restrict the least of the The Manage Street * ingial - - ion for the first Man over two, sentatons, Mr. 2021 and con-

2 10	1.	FOR · STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENG ()	NO.	5 6	0
1 21		CEASED NAME FIRST ADA		S .		NDLER		20 DATE OF DEATH	MONTH DA	Y YEAR 1980	26 HOUR 6:20 A _M
	3. SE	FEMALE	ALE 4 RACE			5. DATE OF BIRTH MAY 22 ^{AV} , 1908		6 AGE (IN YEARS LAST)	IF UNDER 24 HRS HOURS MIN		
Jearth Pa	7a BIRTHPLACE STATE OR FOREIGN COUNTRINEW YORK		U.	WHAT COUNTRY	MARRIE		VORCED	9. BALTIMORE CITY BALTIM	OR COUNTY O		MD.
201 Single the filed with	RA	NDALLSTOWN	11. NAME OF HOSPITAL, NURSI RANDALLSTOWN CO		NVALES			12a USUAL OCCUPA (TYPE OF WORK FOR MOS TEACHER		126 KIND O INDUSTRY SCH	F BUSINESS OR
AND 21	130. :	AL RESIDENCE (IF NURSING HOMEO STATE MARY LAND	R OTHER INSTITUTION NTY	BALTIMO		13d INSIDE C		13e STREET ADDRES 4545 N. RO	S OGERS AV	/E.	
omplered with lead with lead with lead with lead in ond?		ATHER'S NAME FIRST WALLOWAY	MIDDLE	SCHNEID		YET		MIDDLE		UNK	rown
ALTIMORE To be executed by the section of the control of the section of the sect		VAS DECEASED EVER IN U.S. AF YES. NOR UNKNOWN) (IF YES, GIV	RMED FORCES? (E WAR OR DATES)	117-09-				NORMAN HAI RANDALLS'			MATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within a final viter this certificate has been signed by the attending physician and completely think the ask the buriot-transit permit. Then please remove corbon papers. Pages 1 and 2 though the filter of the new first think the second property of the property of the please of the please remove corbon papers. Pages 1 and 2 though the filter or the new first the medical examination or the new first papers.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse io stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, C DUE TO, C DUE TO, C	ON AS A CONSEOU	ENCE OF	NOT RELATED	TO THE TERM	Ta. 1v		V IN PART 10	
N: The law raysician. cote has bee cote has bee Hygiene prior Hygiene pr		19a DATE OF OPERATION		OITION FOR WHICH	H OPERATIO			20a AUTOPSY? YES NO	IN CERTIFY YES		IGS USED OF DEATH? NO
AL OR ATTEND or the hospital or the hospital or AL DIRECTOR: A detached for use ate Dept. of Heal it; if them 2 l is m	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK OF CONTRIBUTION SOW the deceased olive of obove. If we'll (id) (rid not only only only only only only only only	ATH HOUR A P 21e PLACE (AT HOME, ST	.M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE, the deceased from	10-0	211 LOCATION STREET	19 <u>79</u> (our) opinion o	CITY OR I	dote and hour of	COUNTY	
TO To short	23a (BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE	236.		EMETERY OR C	CREMATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE
BH	24. F	BURIAL UNERAL DIRECTOR SOL L NAME 6010 REIS	EVINSON TERSTOWN	& BROS.,	BETH LTO.,	JACOB MD 212		FINKSBUR REC'D. BY REGISTRA 2 2 1980		ROLL AR'S SIGNATI	MD URE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. Of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

sctor, page 3 s after death FOR - STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

REG. NO.

	CEASED NAME	FIRST	,	MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
(TYPE	E OR PRINT)	JAMES	E	AR LY	HA	ARDESTY		05	02	80	6:00P M	
3 SE			RACE		5 DATE C		6. AGE (IN YEARS LAST I	RTHDAY)		DER 1 YEAR		
MALE			WHITE		NOV.	29, 1908 TEAR	71	YR	MONTH	DAYS	HOURS MIN	
	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY	? .	M	9 BALTIMORE CITY	OR COU	NTY OF C	HTASC		
KENTUCKY			USA	USA MARRIED NEVER MARRIED WIDOWED DIVORCED			TOWSON				MD	
10 C	ITY OR TOWN OF DE	ATH 11	. NAME OF I	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION		12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR				
BALTIMORE			6701	N. CHAI	RLES	ESS) GBMC S STREET (TYPE OF WORK FOR MOST OF WORKING LIFE CONSULTANT					NCIAL	
USU 13a	AL RESIDENCE (# NUR	SING HOME OF OT	HER INSTITUTION	GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS					
	MD.	BALTIN		BALTIMO		YES NOXX	6406 MUR		ILL	RD.	21 21 2	
14. F/	ATHER'S NAME					15 MOTHER'S MAIDEN NA						
	JOHN	AUST		HARDE:	STY	ALICE	WIDDLE		RE	YNOL	DS	
	WAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SEC		17 INFORMANT	ADD	RESS			21 21 2	
l '	YES, NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	404-01-	9033A	DOROTHY D. H	ARDESTY 64	21212 ARDESTY 6406 MURRAY HILL RD.				
	IS CAUSE OF DEAT	H (Enter only	one couse per	line far (a), (b), a	and (ct.)						ONSET AND DEATH	
	PART I. DEATH W	VAS CAUSED E	BY.		IAC AI	RREST				-01-	V12201111111111	
	5712	In a control of		P AS A CONSEO	LIENCE OF							
	Conditions, if any	, which	(th)	REPE	ATED I	MASSIVE GI	BLEEDING					
	gave rise to imi	mediate	1									
	underlying cause lost DUE TO, OR AS A CONSEQUENCE OF A LCOHOLIC CIRRHOSIS AND ULCERS											
Ε.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101											
Q N												
7	190 DATE OF OPERA	TION	196 COND	TION FOR WHIC	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?							
CERTIFICATION			1				YES NO	11100	YES 🗌			
Ü				F INJURY M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM	18, PART 1 C	OR PART 2)		
₹ V	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		P.M. 19									
MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY	E SARM STC)	21f LOCATION	CITY OR 1	OWN	C	OUNTY	STATE	
2	WHILE NOT WHILE AT WORK AT WORK			CET, FACTORT, OFFICE		1 /0- 00					31710	
	270-1 certify that (I) (this hospital) attended the deseased from 04/25 1980, to 05/02 1980, that (I) (we) lost saw the deceased give an 05/02 1980, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated											
	saw the deceased alive an 05/02 19 80, and that in (my) (our) opinion death occurred on the date and haur and fram the causes stated above, (1) (we) (did), (did not) view the body after death.											
	276. SIGNATURE 1 DEGREE 271. DATE SIGNED,											
	AMERICAN MD ATTENDIN PHYSICIA							AFF SICIAN D		5/	2/80	
	228 PHYSICIAN'S NAME (TYPE OR PRINT) 228 ADDRESS									-/	1	
	DR. V. CHELOLEIBER GREATER BALTIMORE MEDICAL CENTER								TER			
23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUN	JTY	STATE	
	BURIAL		MAY 5.	1980 DI	ULANEY	VALLEY MEM.	GDN. COCKERS	VILL	E BAI	LTO.	MD.	
24 F	UNERAL DIRECTOR			ADDRESS		25e. DA	TE REC'D. BY REGISTRA	R 25b. REC	SISTRAPE	SIGNA	Chrody	
N	ITCHELL-W	IEDEFEL	D HOME		ORK RD		MAY 7 198	SW '	, , , ,	/		

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STATE OF STREET STREET

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

STATE OF MARYLAND

SEALTH AND MENTAL HYGICAL

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1.	STATE		DEPART		CATE OF DEATH	9	1 1	0 0	bog	
1 DE	REGISTRAR CEASED NAME	FIRST	WIDDLE		AST	REG. NO		YEAR	2b. HOUR	
	OR PRINT)		Nick	II ADD	TCON	MAY 16,	1080		6:28 a.	
_		OE L	AN.	HARR.		6 AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	IF UNDER 24 HRS	
3. SE		4. RA		MONTH	DAY YEAR	1		NTHS DAYS	HOURS MIN.	
	Male		White	Oct.	9, 1904	75	YRS.			
	RTHPLACE (STATE OR FORE	IGN 7b C	ITIZEN OF WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
	Canada		U.S.A.	WIDOWE	DIVORCED [BALTIMOR			MD.	
10 C	ITY OR TOWN OF DEATH		NAME OF HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	F BUSINESS OR	
	TOWSON		SAINT JOSEPH		TAL	Tester	B	as. M	lach.	
13a.	STATE 113	Tarfo	er institution, give residence before 13t. CITY or tov	VN	13d Inside City Limits? Yes \(\text{NO } \text{NO } \text{\ti}\text{\tin}\tint{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texitex{\texi}\text{\texi}\text{\text{\texi}\text{\text{\texi}\	13e. STREET ADDRESS	ıt Far	cm Ro	ad	
14. F	ATHER'S NAME	MIDDL			15. MOTHER'S MAIDEN NA	WE		1.45	T	
S	tephan	MIDDL	Horishn	y	Pauline	MIDDLE	Po	opowii	CZ	
16a \	WAS DECEASED EVER IN			URITY NO.	17. INFORMANT	ADDRE	SS			
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR	284-05-6	760	Verna Fist	ek same	as al	oove		
	PART I. DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101									
CERTIFICATION	19a DATE OF OPERATION	90 DATE OF OPERATION 196. CONDITION FOR WHICE			n was performed	200 AUTOPSY?	NGS USED S OF DEATH?			
MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	(1 OR PART 2)		
Ē	21d INJURY OCCURRE		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE	
2	AT WORK AT WORK	E								
	22a. I certify that X (this hospital) attended the deceosed from May 16 1980 to May 16 1980, that X (we) lost sow the deceosed olive on May 16 1980, and that in X (our) opinion death occurred on the date and hour and from the causes stated obove, X (we) (did) (3000 view the body after death.									
	22b. SIGNATURE	new	terretter	1	ATTENDING PHYSICIAN [MEDICAL STAP		22c. DATE	SIGNED	
	22d. PHYSICIAN'S MAN	NE (TYPE OR PRIM Mt G	Petty 1	n.D,	St. Pare	ph Hospital	2			

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24. FUNERAL DIRECTOR
NAME
M. G. Kur

23b. DATE 980

23c. NAME OF CEMETERY OR CREMATORY Souls

23d LOCATION CITY OR TOWN Chardon

COUNTY

Ohio

256 DATE REC'D. BY REGISTRAR 256. REDISTRAR'S SIGNATURE
MAY 2 1 1980 21084 Jarrettsville, Kurtz

Televisia de mantante de personales de la compansión de l

-4	1-	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL I MINER'S CERTIFICATE (HYGIENE O REG. NO.	6 6 3
E S. S. F.		CEASED NAME FIRST Ther	esa Elizabeth	Hartlaub	20. DATE KNOWN MOI OF ESTI- DEATH MATED M	ay 19 19 80 2 A
PLEASE ECTOR. FILES. 72 HOURS ESTON STREET,	70 B	emale White " IRTHPLACE (STATEOR OREIGN COUNTRY)	Jan. 9,1889 91 76. CITIZEN OF WHAT COUNTRY?	IRTHDAY) MONTHS DAYS HOURS	PRONOUNCED THE DEAD PRONOUNCED THE DEAD PRONOUNCED THE DEAD PRONOUNCED THE PRONOUNCE THE PRONOUNCE THE PRONOUNCE THE PRONOUNCE THE PRONOUNCE	
TO THE TO THE PAGE BE FILED SS, 301 W. PR.	10 C	Pennsylvania ITY OR TOWN OF DEATH Reisterstown	U.S.A. 11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR 101 Glyndon Dr	widowed by DIVORGE OME, OR OTHER INSTITUTION IVE Apt. A3	DEALTIMORE C 12a USUAL OCCUPATION (TYPE OF WAR FOR MOST OF WORKING LIFE) HOUSEWIFE	IVIL
AND 3 RETAIN HOULD	5 13a. S	Md. Balt	or other institution, give residence before ac ity Reisterstown	AES NO T	13e STREET ADDRESS Dr.	A3
RE, MD. 2 DEATH. 1 GES 1, 2. RM PM 3. AND 2 S OFWITAL	0	ATHER'S NAME Pius	MIDDLE Smith	is. MOTHER'S MAID Josep.	hine	Staub
AFTER NE PAN H FOI GES I	160.	MAS DECEASED EVER IN U.S. AR (ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES) 16b. SOCIAL SEC 214-24-		Ann Kreft Finksbu	macost Ave. rg, Md. 21048
ORDS, 301 W. PRESTON ST., BA BE EXECUTED WITHIN 24 HOURS DING" IN PENCIL IN ITEM 18. G EDICAL EXAMINER ALONG WIT S. A BURIAL-TRANSIT PERMIT. PA ITH AND MENTAL HYGIENE, DIV.	NO	PART I DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o) stating the <u>under-</u> lying couse last.	TE CAUSE (a) DUE TO, OR AS A CONSEQUER	ng Thrombosi NGE OF	ARTIO.	APPROXIMATE INTERVAL SERVICENCINSET AND DEATH MUNICIPAL Jeans
BIVISION OF VITAL RECORDS, S. CERTIFICATE SHOULD BE EXER RITING THE WORD "PENDING" ROED TO THE CHEF MEDICAL E. 3 SHOULD BE USED AS A BL E. DEPARTMENT OF HEALTH AN I PRIOR TO BURIAL, CREMATION	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20. AUTOPSY? YES NO N
PN OF VI	SALGER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M.		ED LENTER NATURE OF INJURY IN ITEM 18 PART)	OR PART 2)
DIVISH HIS CERT WRITING ARDED AGE 3 SH ATE DEPA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HO) STREET, FACTORY, FARM, ETC.)	ME, 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST.	2	220. I certify that I took charded the management of the control o	ge of the remains described above, held	on Autopsy , Inspecting the suicide	Undetermined monner ,	ATE 5-20-80 Stern M. 21/3
BP				dy of Mercy	Miami Springs, Da	de Co., Florida
(VR A15 ME (5)) 15M 7/76		Hy. Zibband	TOwings W	ills Md.	1 6 3 1300	

19: N. SALECTER GRANDER MEDIA Telephoretical and Of meter active age. O and without the zon cadabete .oiled A Company of the Action Mint . Mr. . remained a total man aladoritation of the land to

Mary Services

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARILLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Fagir
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direction of the business of the business permit. Then please remove carbon papers. Pages 1 and 2 should be filed with a 72 near with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumotic event, the medical examiner must be notified at once.

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1.	- STATE REGISTRAR		DEFARIT	CERTIF	ICATE OF DEATH	REG. N	0.	, 0	
	CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	EDWAR		OWARD		TFIELD	May	29,	1980	7 P. M
3. SE	x Male	4. RACE Whit	e	5. DATE O	DAY YEAR	6. AGE JIN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
C	RTHPLACE STATE OR FOREIGN OUNTRY LAND	76 CITIZEN OF	• A •	8	D NEVER MARRIED	Baltimore city of	R COUN		MD.
120	ltimore				idge Rd.	12d. USUAL OCCUPAT ITYPE OF WORK FOR MOST OF Paintes	F WORKING		OF BUSINESS OR
13a. S	ALRESIDENCE IF NURSING HOME OF STATE 136 COU	nother institution NTY imore	Baltim	/N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 28 Edmor	ndso	n Ridge	Rd.
14. F/	ATHER'S NAME Howard	E.	Hatf	ield	15 MOTHER'S MAIDEN NA Deboral	ME MIDDLE		Glas	S
	NAS DECEASED EVER IN U.S. AF YES, NO ORUNKNOWN) (IF YES, GIV	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 213-16-		Frank A. F	109 alter,Jr.	N.S Bal		Md. Md.
NO	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(b) DUE TO, O (c)	R AS A CONSEQUER T AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS	ENCE OF	4.5 CV.P.	MINAL DISEASE OR CON		Siven in Part 10	YRS.
CERTIFICATION	19a. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE FINDING CAUSES	
MEDICAL CER	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE 220 I certify that (I) (this hosp saw the deceased alive of above (I) Twe) (did) (did/or	21e PLACE (AT HOME, STI	M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, le deceased from ofter death.	Sign of Sign o	21c. HOW INJURY OCCUR 21f. LOCATION STREET , 19	cmy on 10'	wn ate and h	COUNTY . 19 80 ,	
23n. l	BURIAL, CREMATION, REMOVAI SPECIFY) Burial	23b. DATE 5-31			6500 PAUOI EMETERY OR CREMATORY View Memori	23d. LOCATION	341	CSV/LL	eyro.
		1 1 1 1	- / -				00	TTOTT	Trice .

24 FUNERAL DIRECTOR Charles W W. Burrier, Jr., Sykesville, Md.

Carroll Md. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE



39 23, 1980 F.E.		AH CHANA	DE CERANIC	
4 - 10			a Little	d.f.a.
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Mary Control of the C	Charles J.F.			
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m + 21 = 1 = 1 = 2				
				irns

Charles w. Sugrier, Jr., Syknsville, Mo. - 1 - Wind

4	1.
	Page 4 militari
	death.
201	hours after

completely filled in by the funeral director 1 and 2 should be filed within 72 hours aft

FOR

USI 13e

CERTIFICATION

MEDICAL

STATE OF MARYLAND

DEPARTMENT OF REALTH AND MENTAL HYGIENE CO

- STATE REGISTRAR		- Con Anno	CERTIF	ICATE OF DEATH		REG. NO	D.		0 7	
ECEASED NAME FIRST Lillian	-	rances		lealy	2a D	May 9,	1980	YEAR	25. HOUR	O P.
Female	4 RACE White	e	5. DATE O	9-1905 YEAR	6. AG	E (IN YEARS LAST BIRTH		UNDER I YEAR		AIN
BIRTHPLACE (STATE OR FOREIGN COUPER)	U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED		Baltimore	R COUNTY O	FDEATH		MD.
Baltimore		HOSPITAL, NURSING HEACHTY, GIVE STREET		OR OTHER INSTITUTION	(TYPE	JSTALOCCUPATION OF WORK FOR MOST OF	F WORKING LIFE)	TINE KIND C	. Dan	. ,
JAL RESIDENCE (IF NURSING HOMEON STATE ML. Bal ATHER'S NAME FIRST John Long	to.	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS YES NOTHER'S MAIDEN FIRST FIRST	INAME	Heck	Ave. 2	21234	ST	
WAS DECEASED EVER IN U.S. AR		216-10-2		17 INFORMANT Mas. Dorot		ADDRE		John i	Ave	212
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	(b) DUE TO, OI	R AS A CONSEOU	ENCE OF	ndriecta	TERMINAL I	DISEASE OR CONI	DITION GIVEN	IN PART I	r	
190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		autopsy?	206. IF YES, V IN CERTIFYII YES			H?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCC	CURRED (I	INTER NATURE OF INJUR	IY IN ITEM 18, PART	[] OR PART 2]		
216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET		CITY OR TOW	/N	COUNTY	STA	ATE
220.1 certify that (II) (Hris hosp sow the deceased alive on above, (II) (Are), Arid) (did no 22b. SIGNATURE	Tan	8 19	80	. 19	IG ME	occurred on the do	FF _	and from the	that (1) (we couses state	
224 PHYSICIAN'S NAME (TYPE O		236	NAME OF (224 ADDRESS		d LOCATION		OUNTY	STAT	TF.

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

should be detached for use as the burial-transit permit. Then please remove ca with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

MPORTANT: If Item 21 is marked or Item 18

CITY OR TOWN

COUNTY

Burial 5-12-80 New Cathedral Company DATE REC'D. BY PEGISTRAN

C. Miller Inc-6415 Belair Rd. -21206

MAY 1 4

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executed within 24 hours af

death certificate be

ATTENDING PHYSICIAN: The law

	STATE OF MAKILAND
FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYG
SIAIC	CERTIFICATE OF REATH

HENE & CERTIFICATE OF DEATH

CTATE OF MARYIAND

-	600	REGISTRAR			CERTI	TEATE OF BEATH	REG. N	0.			
		CEASED NAME FIRST		MIDDLE		AST	24 DATE OF DEATH		DAY YEAR	2b. HOU	JR A
		WARI	REN L	ehman	HEE:	STAND		5 2	27 80	6:	45 M
	3 SEX	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR		
	I	Male	Whit	е	8/	10/01 YEAR	78	YRS.	MONTHS DAYS	HOURS	WIN
K	7a. BII	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY	_			
P		ndiana	USA		WIDOWE		BALTIMO	RE CC	DUNTY		MD.
1	-	OWSON		H FACILITY, GIVE STREET A	(DDRESS)	PLFS ST	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Sales		IZIL KIND (INDUSTRY W DO		
1	USUA 13e S	AL RESIDENCE IF NURSING HOME CO	R OTHER INSTITUTION		ADMISSION)	134 INSIDE CITY LIMITS?	130 STREET ADDRESS		Luml	oer F	Broke
		Md. Bal		Upperco	1	YES NO X	16795 G	osuc	h Mill	IInn	erco.
0	14 FA	THER'S NAME	WIDDIE			15. MOTHER'S MAIDEN NA	ME	O D G C	Md.	2115	
9		Eli		eestand		Salome	MIDDLE	Le	ehman	ST	
		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR	ESS	Mil	1	
		VO	- WAR OR DATES!	541-05-	3902	A Mrs. Hel	en M. Hees	stand.	16795	Gor	such
4		18 CAUSE OF DEATH (Enter o	nly one cause pe				211 211 21001			CIMATE INTEL	RVAL
-		PART I, DEATH WAS CAUS	ED BY. TE CAUSE (a)			atory Arrest					
		1991			-	Acory Acresic					
		Canditions, if any, which		RAS A CONSEQUE		ondrosarcoma		13			
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1		underlying cause lost	DUE TO, O	R AS A CONSEQUE	NCEOF						
1		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GI	VEN IN PART 1	(a)	
	Q										
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	20s AUTOPSY?		S, WERE FIND		
	TE						YES NO		ES []	NO [
1	CER	210. ACCIDENT WAS UNDERLYING			VEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18,	PART I OR PART 2)		
	¥	OR CONTRIBUTING CAUSE OF DE	AIR	M. MONIH DA	Y YEAR						
	MEDICAL	214 INJURY OCCURRED	21e PLACE			211 LOCATION	CITY OR TO		COUNTY		
	2	WHILE NOT WHILE O	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC]	ZIKEET	CHYORIO	VN	COUNTY	51	TATE
	-	22a.1 certify that (1) (this hosp	oital) attended th	e deceased from	_ 5-	02 19 80			19.80	that (1) (1	we) lost
		sow the deceased alive of above, (I) (we) I did Halid in		19	80 .,	nd that in (my) (our) opinion	death occurred on the d	ate and hav	ur and from the	couses str	ated
		226 SIGNATURE	or view the body	offer deom.		DEGREE			22c. DATE	SIGNED	
		Pstale	e			ATTENDING PHYSICIAN	MEDICAL STA		5-2	27-80	0
ı		224. PHYSICIAN'S NAME ITYPE	OR PRINT)			22e ADDRESS	J 0				
		Dr. Patel				GBMC-6701	N. CHARLE	SST			
	23a B	URIAL, CREMATION, REMOVA	L 236. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				
	(5	Cremation	5/28	/80 W	estvi	ew Cremator	v Baltim	ore.	Marula		ATE
	24 FL	WERAL DIRECTOR	01 -			25e. DAT	REC'D. BY REGISTRAR		No Pe	Brook	4
	//	Martin D. La	wson, 1	0 W. Pad	lonia	Rd.	1Y 2 8 1980	-	7	/	/
									-	_	

DHMH-16 25M (VRA 15, 4) 1/79

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the med TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

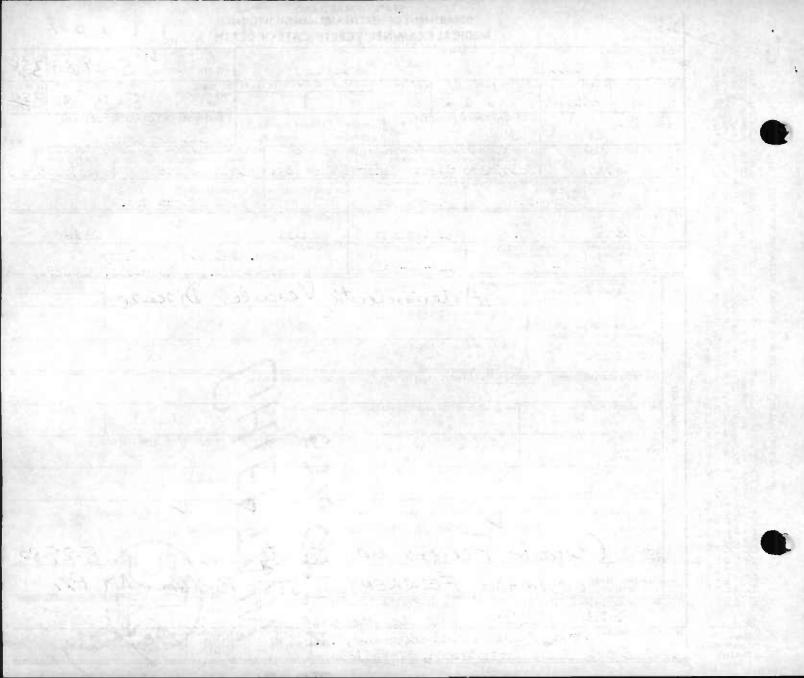
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A DESCRIPTION OF THE PROPERTY

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	14	FOR STATE			DEPARTMENT OF			2.5		1 6	6 /	1
	T DE	REGISTRAR CEASED NAM E OR PRINT)	E FIRST		MIDDLE	LAS		2a. D/			DAY YEAR 2980	26. HOUR 250
	3. SEX	Male	4. RACE White	5. DATE OF BIRTH	YEAR 6. AGE (IN Y LAST BIRTHE	EARS IF UNDE		R 24 HRS. 2c. D		5-2	DAY YEAR 9 180	2d. HOUR 350
35	FO	RTHPLACE (S REIGN COUNTRY)	MD	76. CITIZEN OF WE		WIDOWED		ED D Bo	TIMORE CITY O	Count	y	MD.
55	Ra	ndalls	town	Baltimor	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) PE COUNTY GE VE RESIDENCE BEFORE ADMISS	eneral		FOR MOST OF	CUPATION (TYPE WORKING LIFE) Ore City		OR INDUST	RY
35	13a. S	TATE MD THER'S NAMI	Carr	ITY	13c. CITY OR TOWN Sykesville	3 134	I. INSIDE CITY LIMITS? YES NO 🗵	2404	Haight 1	Ave.		
ol.)	Willie	OM D EVER IN U.S. AR	MIDDLE G.	Heinekar	mp	Louise		WIDDLE		Cramer	
2	(YI	NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	212-28-96 for (a), (b), and (c).)				ilia Heii Sykesi			
NATION, OR REMOVA	NO	gave ri cause (a lying cau		DUE TO, OR	AS A CONSEQUENCE		CONDITION GIVEN IN PA	RT 1 (a).				
9	IFICATI	. 190. DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OPE	RATION WAS	PERFORMED?				20. AUTOPSY	NO []
3	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTION	NG CAUSE OF		MONTH DAY YEA	R 21c. HOW	INJURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM 18 F	PART 1 OR PART 2		
	MED	WHILE AT WORK	NOT WHILE C		OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCAT STREE		СПУС	RTOWN	COUNT	TY	STATE
10		death result ACTUAL SIGNATURE	Page 18	ral causes 4,	eues.		1/ <	Undetermine MEDICAL E	AMINER	DATE SIGNED	5-28	0-80
Z Z	230.BL	IRIAL, CREMA	TION, REMOVAL 2	3b. DATE	FERR			50 B		e Nite	- KKe	AW
	24. FU	NERAL DIREC	TOR Loring	6/2/80 Byersoollu	Lake View neral Direc	ctors.P	A 250 DATE	Sykesu Sykesu	ille Co	moll	Nature Creeds	dD
	01	40 TILD	erty road	i Kanaali	stown, MD	27733		,00			1	



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4		ang physicion and completely filled in by the funeral directions of the filed in by the funeral directions of the filed in
	-	F .
	certificate be executed within 24 hours after dearn. P	physician and completely filled in by the funeral di
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	certif	d Bu

FOR - STATE

> Edna W. Heise 4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

THE COUNTY

Howard

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)

White

76 CITIZEN OF WHAT COUNTRY?

Summitt Nursing Home

13c CITY OR TOWN

LAST

166 SOCIAL SECURITY NO

220 44 6310

Columbia

U.S.A.

REGISTRAR 1. DECEASED NAME [TYPE OR PRINT]

Female

Le. BIRTHPLACE ISTATE OR FOREIGN

ID CITY OR TOWN OF DEATH

Catonsville

(YES, NO OR UNKNOWN)

Maryland

14 FATHER'S NAME

Baltimore Md.

William

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

3. SEX

3a STATE

late

other

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ond Mentol Hygi

uriol-tra

8

Hea

0

CERTIFICATION

MEDICAL

March 17, 1891

MARRIED | NEVER MARRIED

5 DATE OF BIRTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

STATE OF MARYLAND			
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	U	
CENTIFICATE OF DEATH		REG. NO.	

OF MARYLAND								
EALTH AND MENTAL HYG CATE OF DEATH	IENE 8	Q REG. I	70.			Q	6	8
51	2a. DATE O	F DEATH	MONTH	DA	Υ	YEAR	2b. HO	UR
	Ma	у 9,	1980					м
F BIRTH	6. AGE (INY	EARS LAST B	RTHDAY)		-	RIYEAR		R 24 HRS
ch 17, 1891	89		YR.	S.	SHTHS	DAYS	HOURS	MIN
NEVER MARRIED TO DIVORCED	Balt		or cour			ATH		MD.
ROTHER INSTITUTION	12a USUAL (TYPE OF WOR			G LIFE)		KIND O USTRY	F BUSIN	ESS OR
134 INSIDE CITY LIMITS? YES NO	13. STREET 9246	ADDRESS Hobna	ail C	ow	rt	210	045	
late Louisa	Bitte	2110				LAS	ī	
17 INFORMANT J-1 Mrs Louis	se Not	hdur		246	5 F	Iobna	ail	Cour
000		_	- 22_		L	APPROXI	MATE INT	RVAL D DEATH
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Leunatic Me	Part	121 C	ass			40	air	
NOT RELATED TO THE TERM	NAL DISEAS	E OR CO	NOITION	GIVE	1111	PAR 10	01	
lase. Mg	九十	2290	ST	_				
WAS PERFORMED	YES	OPSY?					OF DE A	TH?
		110	1	ILJ	-		NO	
216 HOW INJURY OCCURR	ED (ENTER NA		URY IN ITEM	-	T I OR	PART 2)	NO I	
2)(HOW INJURY OCCURR 2)(LOCATION STREET	ED (ENTER NA			-	T I OR			TATE

Conditions, if ony, which gove rise to immediate couse 101, stofing DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERM 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCUR HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET AT WORK AT WORK 220.1 certify that (1) (thus hespital) attended the deceased from sow the deceased alive on, and that in (my) (and opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF Muss PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY May 12, 1980 Loudon Park

234 LOCATION Baltimore

Maryland

STATE

DHMH-16 20M (VRA 15, 4) 7/7B

should be detoched with the State Dept

MPORTANT

24. FUNERAL DIRECTOR Witzke

4112 Columbia Rd Ellicott Cty

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m
oital or attending physician. ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funned the force as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 22 hours of Health and Mental Hydiene prior to burial, cremainton, or removal.

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IMPORTANT:

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shoul with

DHMH-16 25M

(VRA 15, 4) 1/79

NO O

CERTIFICAT

MEDICAL

FOR - STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> REG. NO 2a DATE OF DEATH 05 AGE (IN YEARS LAST BIRTHDAY)

> > ADDRESS

CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME FIRST MIDDL LAST 26. HOUR (TYPE OR PRINT) CHARLES HELWIG SR. 80 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR MONTHS DAYS HOURS MALE WHITE 05 22 07 72 To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED MARYLAND U.S.A. BALTIMORE COUNTY WIDOWED X DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON ARMACOST NURSING HOME TRUCK DRIVER **TAUNDRY** USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 1136 COUNTY 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALT IMORE ARBUTUS 4215 KENSINGTON ROAD, 21229 YES [KT ON 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST CHARLES HELWIG MARY SALMON

(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-09-6716 CHARLES HELWIG. 4215 NO JR. KENSINGTON APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE ONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last

17 INFORMANT

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a

166 SOCIAL SECURITY NO

190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO YES [NO [218 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 10 214 INJURY OCCURRED 21¢ PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY

NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an

and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated abave, (1) (wastidid) (did not) view the body after deap 226 SIGNATURE DEGREE 22c DATE SIGNED TENDING MEDICAL STAFF

PHYSICIAN

224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

> 7501 YORK ROAD. TOWSON, MARYLAND

DIRECTOR PHYSICIAN

23a BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 234 LOCATION (SPECIFY) CITY OR TOWN COUNTY

LOUDON PARK BALTIMORE CITY MARYLAND BURIAL 05-16-80 24 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256. 21229 ADDRESS

HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE.

CHARLES F. O'DONNELL, M.D.

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6	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE ()	1167	i
ay be geath	T. DECEASED NAME FIRST (TYPE OR PRINT) FLL) E	E HENDE	RSON	MAY	18/980 3'	30 M
	FEMALE	RACE ANI Whit	6	87 SISI	MONTHS DAYS HOURS	ER 24 HRS
175	Je BIRTHPLACE (STATE OR FOREIGN COUNTY) Penna.	7) CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	Baltimore		MD.
## #20	10 CITY OR TOWN OF DEATH TOWSON	HENOT INSUCHENCILITY, GIVE STI	EN NSG. HUMI	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		VESS OR
ly filled in sould be f	USUAL RESIDENCE (# MURSING HOME (130 COL 130 STATE 130 COL Maryland	DR OTHER INSTITUTION, GIVE RESIDENCE BE JINTY 130. CITY OR TO Baltim	OVE YES NO [3110 Ever	green Ave	
nplete d 2 st	14 FATHER'S NAME FIRST Thomas	MIDDLE EVANS	15. MOTHER'S MAIDEN IN FRIST Ellen	WIDDLE	Williams	
ian and com	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 215-09	Wma Dicha	addre rd Xyxex A	yers Mountain To	-
law requires triat the death certrii Then please remove carbon pape ior to burial, cremation, or remove any injury, or other traumatic ev	Conditions, if any, which gave rise to immediate cause ial stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OUT TO SEE	musel -	0	PACH GIVEN IN PART I(a)	
cian. ficate has the noit permit. Hygiene print in 18 shows	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1% CONDITION FOR WHI	CH OPERATION WAS PERFORMED	YES NO	201. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO	ATH?
ued by the hospital practice of the hospital physical by the hospital part of the detached for use as the burial-tracked before the state of Health and Merital IRTANT: If I tem 21 is marked or lea	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMINE 216. IN JURY OCCURRED WHILE NOT MORE AT WORK AT WORK 220.1 certify that (1) (His-has)	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIN DITO) otherwise the decreased from	DAY YEAR 19 21f LOCATION STREET 19 and that in (my) (au) opinion DEGREE ATTENDING	V	N COUNTY 19 , that (1) the and hour and from the causes s	
Should with MPO	230 BURIAL, CREMATION, REMOVA (SPECEY) Burial	L 236 DATE 23 5/21/80	R. NAME OF CEMETERY OR CREMATOR WOOdlawn	23d LOCATION CITY ON JOWN Dallas	Luzerne Penr	374
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR	ADDRESS ack Inc. Baltimo	ore, Maruland	AVEREC D BY REGISTRAR	ISB. REGISTER OF S. SICHUE BEAR	ty

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	1-	FOR STATE REGISTRAR	t	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENS () REG. NO.	167	2
1		CEASED NAME FIRST	MIDDLE	ı	AST	24 DATE OF DEATH MON	TH DAY YEAR	2b. HOUR
	(TIPE		glas HESTE	ER, Sr.		May 1		6 • 0 0 M m
-	3 SEX	,	RACE	5. DATE C		AGE IN YEARS LAST BIRTHDAY	WONTHS DAYS	IF UNDER 74 HRS
	Ma	le	White	5	31 1923	56	YRS.	
-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY?	NEVER MARRIED	BALTIMORE CITY OR CO	HTA3D TO YTHUC	
5		ntucky	U.S.A.	WIDOWE		Baltimo	re County	y MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND C	F BUSINESS OR
1	RO	ssville	Franklin		Hospital	Mechanic	Beth	h. Steel
5	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 135 COUNTY)	OTHER INSTITUTION, GIVE RESIDE	nce before admission) OR TOWN timore	13d INSIDE CITY LIMITS? YES 🔯 NO 🗍	13. STREET ADDRESS 4928 Greet	ncrest Ro	oad
	14 FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	ME	LAS	
9		Elmer		er, Sr.	Harriet		Cric	
5	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	4928 ADGES	encrest I	
-	Ye		II 406-	-12 - 4223	Frances He	ster - B	alto. MD	21206
	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CO	etastation DNSEOUENCE OF Ce in Par	ncreas	inoma Probal		
2	MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		b. IF YES, WERE FINDING CAUSES	
1	CAL CERT	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MO	NTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART I OR PART 2)	
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21a. PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		226 I certify that (I) (this hosp saw the deceased alive or above. (I) (we) (did) (did) (226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE C	Masy 70 In view the Body offer dea	19 80 . or	DEGREE ATTENDING PHYSICIAN [224 ADDRESS	O to May death accurred on the date of the	22c. DATE	thor (I) (A) lost couses stoted SIGNED 21237
	23a. B	JURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	234 LOCATION	COUNTY	STATE
	1	Burial	5/13/80	Sacred	Ht.of Jesu		Balto.	MD

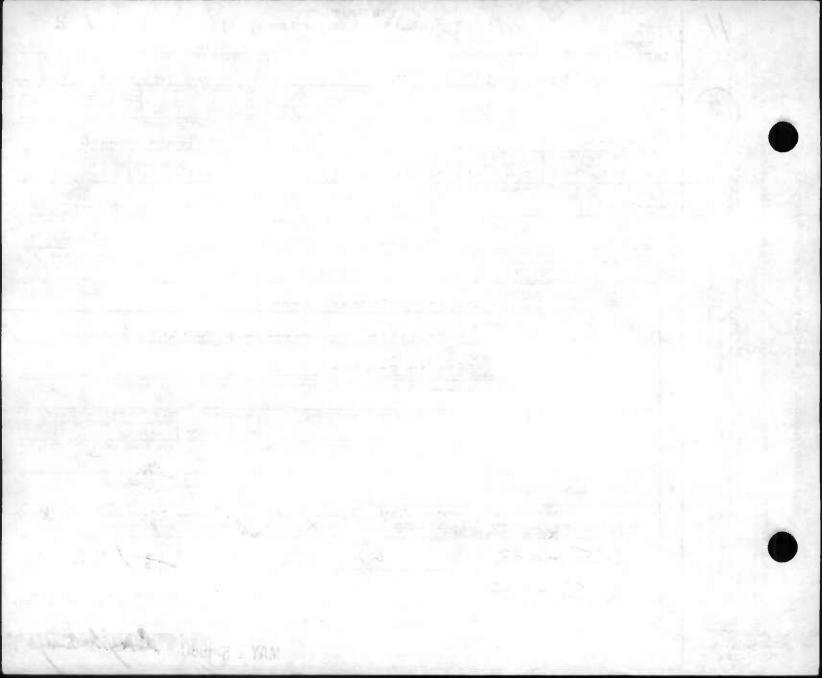
DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

^{74 FUNERAL DIRECTOR} Duda-Ruck, 7922 Wise Avenue, D Incaponess Wise Avenue, Dundalk,

21222 MD

250. DATE REC'D. BY REGISTRAR 256. REMAY 1 5 1980



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Page 4 may be

STATE OF MARYLAND

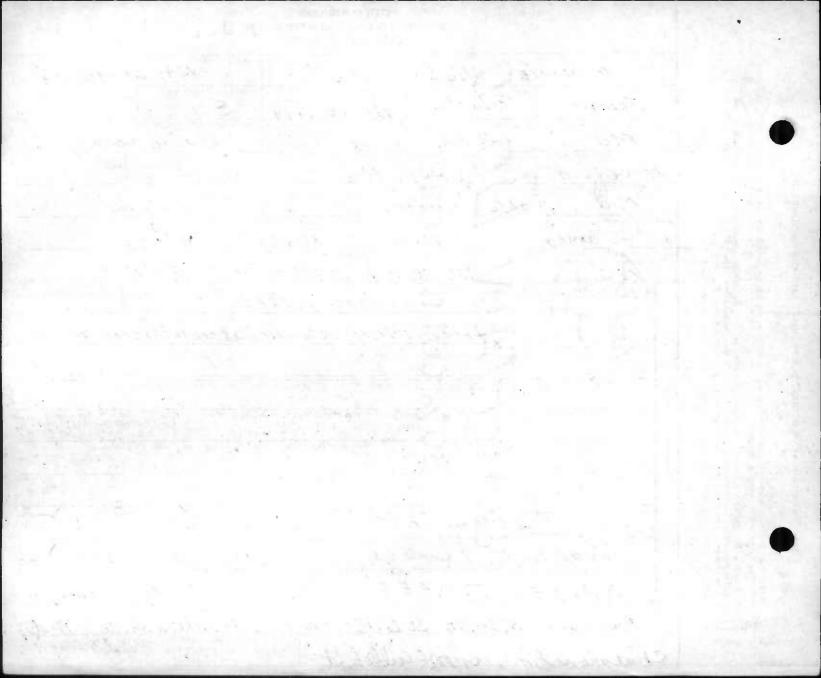
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	ECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
(14)	PE OR PRINT) Do10:	res		V.	HIGG	INS	Ma	y 26,	1980	4:3 DA
3. S			RACE	TO DO	S. DATE O		AGE (IN YEARS LAST OF		IF UNDER 1 YEAR	
	Female		Cauca	sian	Nov.	11, 1900 TEAR	79	YRS.	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (STATE OR COUNTRY)			WHAT COUNTRY	MARRIE WIDOWI	D NEVER MARRIED	Baltimore city			
	Pennsylvan City or town of D			HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12h. KIND C	OF BUSINESS OR
0	Catonsvill	e	518 Fo	rest Lan	e		Housewife			making
130	UAL RESIDENCE (# NU STATE	13b COUNT Balti	THER INSTITUTION	GIVE RESIDENCE BEFO	ME ADMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 518 Fores		e	2122
-	FATHER'S NAME				LIIC	15. MOTHER'S MAIDEN NA	ME	G Ban		2244
1	Josep.		DDIE	COY	I.E	Rache1	MIODLE		M	CAULEY
160	WAS DECEASED EVE	R IN U.S. ARM	ED FORCES?	16 SOCIAL SEC		17 INFORMANT	ADDR	ESS		CONTOLLE
	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	198-36-	5532	Dolores V. C	'KANE 518 F	orest		2122
	IS CAUSE OF DEA	TH (Enter only	one couse pe	line for (a), (b), o	ndjest	1			APPROX BETWEEN	ONSET AND DEATH
	PART I. DEATH		CAUSE (a)	Ca 01	/ /	und.			/	12 UNS.
	1629	1		R AS A CONSTOL	IFACE OF	1/1 -1 -	0			-51
	Canditions, if on	y, which	(b)	Covers	Vive	Legit to	ille		2	milhs.
	gove rise to in		Dur 10 0	R AS ACONSEQU	IENICE OF					
	underlying cou			R AS A CONSEQU	JENCE OF					
13	PART 2 OTHER SIG	GNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION GI	VEN IN PART 1	(0)
Z			31101110113 <u>C</u>	OHITKIDOTH TO TO	DEATH BOT	THO I RECAILED TO THE TEXAS	MITTAL DISEASE ON CO.		IVEIV (IVI PAKT I)	
CERTIFICATION	190 DATE OF OPER	ATION	19h COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h. IF YE	S, WERE FINDI	NGS USED
FIG				1			W50 - W0 57		IFYING CAUSES	
E	210. ACCIDENT WAS U	NDERLYING [21b. TIME C	OF INJURY		21c HOW INJURY OCCUR	YES NOW		ES C	NO 🗌
	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A	M. MONTH D	DAY YEAR	THE HOW HOJOKI OCCOR	INCO (ENIER NATURE OF INA	JRT IN HERE IS,	PART TOR PART 2]	
MEDICAL	21d. INJURY OCCU		21e PLACE	OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STATE
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	sow the deced above, (1) (we)	sed olive on	5-	2/1/195	10.0	a that in (my) (aur) opinion	death accurred on the c	date and ho	our and from the	couses stated
Ш	226. SIGNATURE	Tarar (ala nor)	view the oboy	dier deurn.		DEGREE			22c. DATE	SIGNED
		to		7).	MI	ATTENDING PHYSICIAN	MEDICAL STA		50	76-20
1	224 PHYSICIAN'S	VAME STOKES	KINT)		1 had	22e ADDRESS	DIRECTOR LI PHIS	CIAIT	100	
	Jorge I	//		ith	2.5	303 N. Roll	ing Rd. Ba	ltimo	re. Md.	21228
23a.	BURIAL, CREMATION	N, REMOVAL	236. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
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24	FUNERAL DIRECTOR								PANYS SICHA	Ministry
1	Howard H.	Hubbard	F.H.	Inc. Bal	to. M	Id. 21229 MAY	2 7 1980	0-1	/	
1 4	TOMOT TIE							1		

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1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AN CERTIFICATE O	F DEATH	G. NO.
		is Viola Hi	20. DATE OF DEAT	
3. S	Female	11111.666.	Y YEAR	ST BIRTHDAY) IF UNDER 1 YEAR WONTHS DAYS HOURS MIN. YRS.
70. 1			9 BALTIMORE CI	alto County of DEATH
10	HEBBTOND		TYPE OF WORK FOR M	PATION DESTRUCTION
USI 130.	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		Your Rel
14. F				LEWHYE LAST
160.		E WAR OR DATES)		SAME
	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (brand (c).) D BY:	Anrest	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
	4292		Cardio Vas em	las Proses 20 /15
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF		
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELA	TED TO THE TERMINAL DISEASE OR (CONDITION GIVEN IN PART 1(0)
TIFICAT	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	VINJURY OCCURRED (ENTER NATURE OF	INJURY IN ITEM 18, PART 1 OR PART 2)
MEDIK	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY 211 LOCA		RTOWN COUNTY STATE
	saw the deceased alive an	2 3 May 1960 and that in (1	my) (our) spinion death accurred on the	, that (1) lost le date and hour and from the causes stated
1	22b. SIGNATURE	DEGREE		
	walki	VI I Ces MT	ATTENDING MEDICAL PHYSICIAN DIRECTOR PH	STAFF YSICIAN 24 May 108
	22d, PHYSICIAN'S NAME (TYPE O	VIII Ces MID	PHYSICIAN DIRECTOR PH	STAFF 711 Alauna
23a.	walki	RPRINT) REES 22e. ADD	PHYSICIAN DIRECTOR PH	STAFF YSICIAN ZH May 1980
	70. E	1. DECEASED NAME FIRST (TYPE OR PRINT) 3. SEX 70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY 10. CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOME OIL 13a. STATE 14. FATHER'S NAME FIRST 18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (IF EITHER, NOTIFY MEDICAL EXAMINER) 19a. DATE OF OPERATION 19a. CCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH AT WORK NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK SOW the deceased drive on sow the deceased olive on some cause of the deceased olive on sow the deceased olive on sow the deceased olive on some cause of the deceased olive on sow the deceased olive on some cause of the deceased olive on sow the deceased olive on some cause of the deceased olive on some cause of the deceased olive on sow the deceased olive on some cause of the deceased olive on some cause of the deceased olive on some cause of the deceased olive on the deceased olive on some cause of the deceased olive on the	TOUR TOWN OF DEATH STATE CERTIFICATE OF RESIDENCE CERTIFICATE OF BIRTH MONTH DAY COUNTRY COUNTR	TO STATE REGISTRAR R

STATE OF MARYLAND



TO HOSPITAL OF ATTENDING PHYSICIAN: The retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit perm	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page TO HOSPITAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directional death of or use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filed within 72 hours	th. Pag
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ene prior to burial, cremation, or removal.	<
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FOR STATE REGISTRAR

1 DECEASED NAME (TYPE OR PRINT)

To BIRTHPLACE ISTATE OR FOREIGN

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FIRST

4 RACE

76. CITIZEN OF WE

DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IEN ()	1 1 6	7 5
DLE	U	NST	20 DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR
5.	1	lock		5-12-8	10 830 PM
	5 DATE O		AGE (IN YEARS LAST BIRTI		
٤	AUG	Commercial Commercial	73	YRS.	OAYS HOURS MIN.
HAT COUNTRY?	MARRIED WIDOWE	DI DIEVER MARRIED	Ball	COUNTY OF DEA	TH MD.
SPITAL, NURSING ACHITY, GIVE STREET AI R CARE	DORESS)	ROTHER INSTITUTION WSON	12e USUAL OCCUPATK (TYPE OF WORK FOR MOST OF		IND OF BUSINESS OR STRY
CCITY OR TOWN		134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	28 TOP	AZ ROAD
LAST WITZE SOCIAL SECUR	R ITY NO.	15. MOTHER'S MAIDEN NAM FIRST MARY 17 INFORMANT FAMILY	SUSAC ADDRE	. Н	1665
e for (a), (b), and	(C).1			(30	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
SA CONSEQUE	SICE OF	D #			
S ACONSEQUEN	IEN.	SIVE C.V			
TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PA	ART I(o)
ON FOR WHICH O	PERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO [
MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PA	ART 2)

CARTLAND Va. U.S.A.	WIDOWED DIVORCED	4 - 1/ 1-	· COUNTY MD.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPI	ITAL, NURSING HOME OR OTHER INSTITUTION		126 KIND OF BUSINESS OR
IOWSON MANOR	CARE TOWSON	(TYPE OF WORK FOR MOST OF WO	DRKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RE 130. STATE 136. COUNTY 126. C	ESIDENCE BEFORE ADMISSION) CITY OR TOWN 13d. INSIDE CITY LIMIT	S2 13e. STREET ADDRESS	
MD. BALTO PA	ARKVILLE YES NO D	283	8 TOPAL ROAD
14. FATHER'S NAME FIRST MIDDLE	15. MOTHER'S MAIDER	N N AME	JACT
CHRISTIAN SU	WITZER MARY	SUSAR	Hilles
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 S	SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	
No 2	2075657 FAMIL	1 RECORDS	
18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY:	gr (a), (b), and (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0)			
Conditions, if any, which	A CONSEQUENCE OF		
gave rise to immediate	.3		
underlying cause lost.	ACONSEQUENCE OF	1/. 1).	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDIT	ON GIVEN IN PART I (a)
190 DATE OF OPERATION 196. CONDITION 190. ACCIDENT WAS UNDERLYING 216. TIME OF INJU	FOR WHICH OPERATION WAS PERFORMED		DIL IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
210. ACCIDENT WAS UNDERLYING 216. TIME OF INJU		CURRED (ENTER NATURE OF INJURY IN	ITEM 18, PART I OR PART 2)
	MONTH DAY YEAR		
214 INJURY OCCURRED 216 PLACE OF IN	JURY 211 LOCATION	1,250	
WHILE NOT WHILE AT WORK AT WORK	CTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (I) (this haspital) attended the dec	eased from, 19	, fa	, 19, that (I) (we) last
saw the deceased alive on above. (1) (we) (did not) view the body after	death 19, and that in (my) (our) ap	nian death occurred an the date	and haur and fram the couses stated
226 SIGNATURE	DEGREE COUSEU		THE: 224 DATE SIGNED
11-1. Helin	ATTENDIN PHYSICIA		5-13-1980
771 PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS		
LAVID L. SCHWEND	EMAN, M.D. BOX#	5515 10W	SON, WED.
236. BURIAL, CREMATION, REMOVAL 23b. DATE	ZIC NAME OF CEMETERY OR CREMATO	ORY 23d. LOCATION	COUNTY STATE
BURIAL 5/16/8	70 DRUID RIDGE	BALTIMOR	M A and a - a
24 FUNERAL DIRECTOR	ADDRESS 250	44414	REGISTRAR'S SIGNATURE
Locally account	8800HARFORDRO	MAY 1 9 1980	Blatting / File / head.

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

	1	- STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYC FICATE OF DEATH	Signt ()	REG. NO.		
		ECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF D		DAY YEAR	2b. HOUR
	(TYP	LAWRE	NCE	J.	HOEF	TITNG	MAY 2	0. 1980	0	1:53
	3. SE		4. RACE	-		OF BIRTH	6 AGE (IN YEAR	7	IF UNDER 1 YEAR	R IF UNDER 24 F
		MALE	Whit	te	nont 1	2 3 1905	74	YR:	MONTHS DAYS	HOURS M
of once.	7a. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.		WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED X	9 BALTI	CITY OR COUN		
Notified 8		TOWSON		HOSPITAL, NURSIN JOSEPH	ADDRESS)	OR OTHER INSTITUTION SPITAL	120 USUAL OC	CUPATION OR MOST OF WORKING UATO	3 LIFE) 12b. KIND INDUSTRY	OF BUSINESS Aircra
Sumust be	USU 13a	JAL RESIDENCE (IF NURSING HOME STATE Md . 136 COL	OR OTHER INSTITUTION JNTY	N, GIVE RESIDENCE BEFOR 13c. CITY OR TOW TOWSO:	/N	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET AD	DRESS Gard	ien Rd.	
Scamine SC	14 F	ATHER'S NAME FIRST Joseph Hoef	MIDDLE ling	LAST		15 MOTHER'S MAIDEN NA FIRST Mary		MIDDLE	Ahearn	AST
medicoi	16a.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS		
ned A	L	Yes WW11		215 09	0573	Marie H. Me	cNally	300 Ga1	rden Rd.	
ather troumat		Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last.	DUE TO, C	DR AS A CONSEQU		MYOCARDIAL				/
ony injury, or ather trous	ATION	gave rise to immediate cause (0), stating the	(c)CONDITIONS C	DR AS A CONSEQU	ence of <u>death</u> but	/			GIVEN IN PART I	
rows ony injury, or ather troui	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(c)CONDITIONS C	DR AS A CONSEQU	ence of <u>death</u> but	NOT RELATED TO THE TERM	NINAL DISEASE (SY? 20b. IF		INGS USED
Item 18 shows ony injury, or ather trou	CAL CERTIFICATION	gave rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFIC ANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	CONDITIONS C	DR AS A CONSEQU	DEATH BUT	NOT RELATED TO THE TERM ON WAS PERFORMED	VINAL DISEASE (200 AUTOP: YES 1	20b. IF 1 IN CER	YES, WERE FIND RTIFYING CAUSE YES []	INGS USED S OF DEATH?
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n 21 is marked or Item 18 shows ony injury, or ather trour		gave rise to immediate cause (o) stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETTHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) this has, saw the deceased alive above. A (we) (did) (Accessed)	CONDITIONS CONDITIONS	OR AS A CONSEQUE CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D. O.M. OF INJURY TREET, FACTORY, OFFICE, I	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	21c HOW INJURY OCCUR 21f. LOCATION STREET 19 10 10 10 10 10 10 10 10 10	200 AUTOPS YES	20b. IF IN CER	YES, WERE FIND RTIFYING CAUSE YES [] 18. PART 1 OR PART 2) COUNTY 19. 80.	INGS USED S OF DEATH? NO STATE state , that (X (we)
If Item 21 is marked or Item 18 shows any injury, or ather tr		gave rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# ETHER, NOTIFY MEDICAL EXAMINE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AS WELLE AS WELL	CONDITIONS CONDITIONS	OR AS A CONSEQUE CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D. O.M. OF INJURY TREET, FACTORY, OFFICE, I	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET 217 19 80 and that in () (aur) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPS YES	20b. IF IN CER	YES, WERE FIND RTIFYING CAUSE YES 18. PART 1 OR PART 2) COUNTY 19. 000000000000000000000000000000000000	INGS USED S OF DEATH?
If Item 21 is marked or Item 18 shows any injury, or ather tr		gave rise to immediate cause (o) stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETTHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) this has, saw the deceased alive above. A (we) (did) (Accessed)	CONDITIONS CONDITIONS	OR AS A CONSEQUE CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D. O.M. OF INJURY TREET, FACTORY, OFFICE, I	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	21c HOW INJURY OCCUR 21f. LOCATION STREET 19 00 DEGREE ATTENDING	200 AUTOPS YES	20b. IF IN CER 10 X 10 X 10 X 10 X 10 X 10 X 10 X 10	YES, WERE FIND RTIFYING CAUSE YES 18. PART 1 OR PART 2) COUNTY 19. 000000000000000000000000000000000000	INGS USED S OF DEATH? NO STATE , that (X (we) e couses state
Item 21 is marked or Item 18 shows ony injury, or ather tr	WEDICAL 23a.	gave rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# ETHER, NOTIFY MEDICAL EXAMINE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AS WELLE AS WELL	CONDITIONS CONDITIONS	OR AS A CONSEOU CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D. P.M. OF INJURY TREET, FACTORY, OFFICE, I A deceased from 19 y after death.	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.) NAME OF C	216 HOW INJURY OCCUR 216 LOCATION STREET 217 19 80 and that in () (aur) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOP: YES NEED (ENTER NATURE CO MEDICAL DIRECTOR NEED CONTROL 23d LOCATI	20b IF IN CER TO TOWN TY OR TOWN STAFF PHYSICIAN ON OWN	YES, WERE FIND RTIFYING CAUSE YES 18. PART 1 OR PART 2) COUNTY 19. 000000000000000000000000000000000000	INGS USED S OF DEATH? NO STATE , that (X (we) e couses state

DHMH - 16 50M 1/76 (VR A 15 (4))

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MPORTANT: If He

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CERTIFICATION

MEDICAL

FOR

13a. STATE

14. FATHER'S NAME

(YES, NO OR UNKNOWN)

underlying

IN- DATE OF OPERATION

21d. INJURY OCCURRED

226 SIGNATURE

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

rnard 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	6	1	
EG. NO.			

REGISTRAR				CERTIFICATE OF DEATH	0	REG. NO.				
1. DECEASED NAME TYPE OR PRINT)	HANE	lia	MIDDLE	Hoffman	20. DATE OF	DEATH MONTH	4 19	YEAR 380	26. HOU	JR 5
3. SEX		4 RACE		5. DATE OF BIRTH	6 AGE (IN YEA	RS LAST PIRTHDAY	it rivipes	FART I	IF UNDER	24 H
Female	-	W	hite	Nov. 15, 1894	83	YRS	MONTHS	SATS	HOURS	MI
Ja. BIRTHPLACE ISTATE	OR FOREIGN	76 CITIZEN	OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMOR	E CITY OR COUNT	Y OF DE	ATH		

OUNTY

MIDDLE

LIF YES, GIVE WAR OR DATEST

laryland DIVORCED

0W507

USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

iedemani 16b. SOCIAL SECURITY NO

3e STREET ADDRESS

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (o), (a) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6

THE DATE OF CITED AND IN	THE CONDITION WITH	CITOTERATIO	THE STER STREET
21g, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR

P.M

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

CITY OR TOWN

(ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY STATE

12b. KIND OF BUSINESS OR

INDUSTRY

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (I) (work his (and not) view the body after death

and that in (my) (ear) opinion death occurred on the date and hour and from the sales stated

18 CONDITION FOR WHICH OPERATION WAS REPEORATED

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

20a AUTOPSY?

NOT

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Donnell

22e ADDRESS

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

230 BURIAL, CREMATION, REMOVAL 23b. DATE

DEGREE

STATE

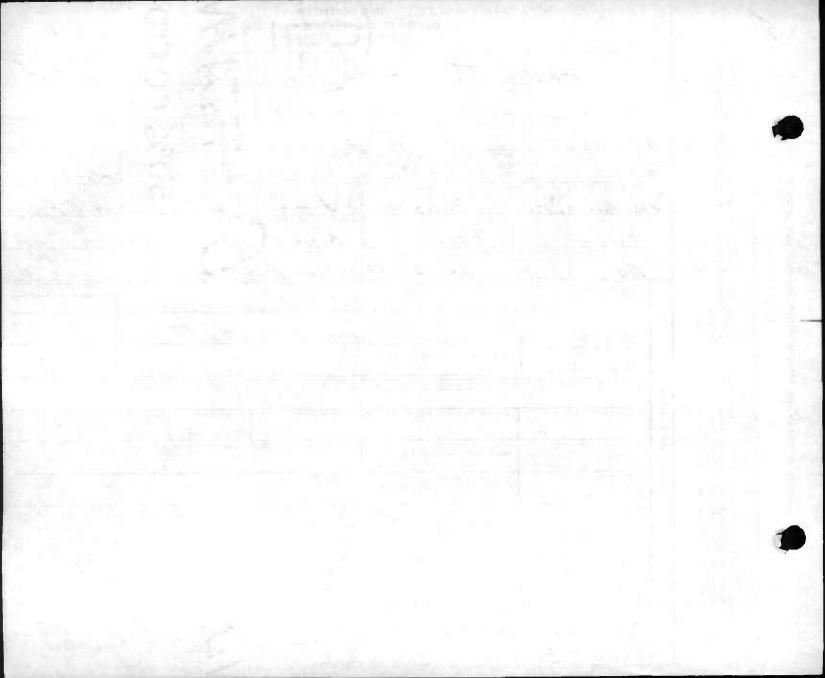
24. FUNERAL DIRECTOR DHMH-16 60M 1/73

obert 5. Barranco

Hay 256 DIE NECD. BY REGISTRAR 256. REGISTRAR

(VR A 15 (4))

TO FUNERAL DIRECT should be detoched fixing the Stote Dept. o



DHMH - 17 (VR A15 ME (5))

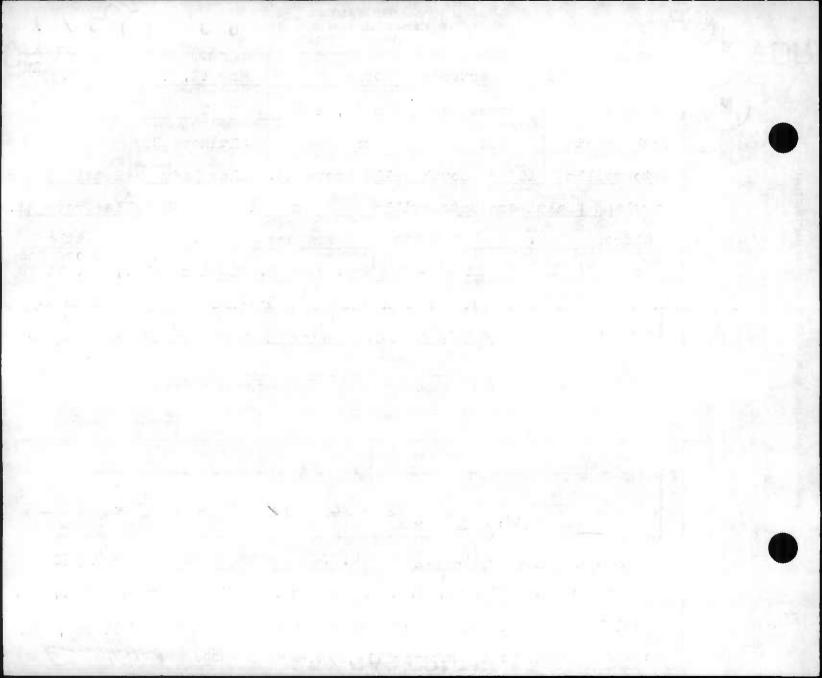
30M 7/73

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENB FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN MONTH 10 80 16 2d, HOUR 1980 6a 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Retired 1962 Woodlawn Drive LAST Horstmann ADDRESS Mrs. Julia K. Hofmann Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES X NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and in my opinion 5-16-80 23d. LOCATION Md. Woodlawn Cemetery Woodlawn Baltimore Burial 24. FUNERAL DIRECTOR Witzke Funeral Home of Catonsville 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRA Catonsville, Md. 21228 1630 Edmondson Avenue

College Colleg

. ~	-	FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE Q ()	1 1 7	7 9
10	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.	
(CEASED NAME FIRST	MIDDLE	LAST	28 DATE OF DEATH	MONTH DAY YEAR	26 HOUR A TVI
o L	,	Grad	ce Gertrud	e Horne	May 12,	1980	5:30 M
1	3. SE	(4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	& AGE JIN YEARS LAST BIR	THDAY) IF UNDER 1 YE	
(M)		Female	Caucasian	June 27, 1897	82	YRS.	
1/4	C	RTHPLACE ISTATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED		OR COUNTY OF DEATH	
i Fi		rth Dakota	USA	WIDOWED DIVORCED		e County	MD
The m		atonsville	JIF NOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION REET ADDRESS) h Belle Grove Rd	(TYPE OF WORK FOR MOST OF Sales La	OF WORKING LIFE) INDUST	of Business or RY ail Sale
nu de prin	13e S	TATE 13b CO			13ª STREET ADDRESS	th Belle	Grove Ro
xan		THER'S NAME		15. MOTHER'S MAIDEN N	AME		
1250		Alfred	H. East	gate France			ittle
a de		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE	ECURITY NO. 17 INFORMANT		ESS21 Cedar	
f. /		No N/	A 218-20	-5354 Mrs. Jean	H. Simkins		
even		18 CAUSE OF DEATH (Enter	anly ane cause per line for (a), (b)	and ich		BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
rem			IATE CAUSE (0) CON	ic insuffice	ency		yes
n, or raum		4241	DUE TO, OR AS A CONSEC	QUENCE OF	1-	1	,
ner t		Conditions, if any, which	(b) (cr. 10)	Modelerotec	80 Mic	dislare	- yru
r oth		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF			U
rial, o ry, o		underlying cause last.	(c)				
iny inju	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING T	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	IDITION GIVEN IN PART	Mai
prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
8 sh	TIF				YES NO	YES 🗌	NO [
r Item 1		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	DEATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART	2)
arked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 21f LOCATION STREET	CITY OR TO	wn county	STATE
is mg		AT WORK	spital) attended the deceased fra	- 12 - 14 10 7	10 MA	Y 10 80	_, that (I) (we) last
of He		saw he deceased alive	on May 2 15	80, and that in (my) (aur) apinio	. 10		
pt. c		abave, /f) (we) (did) (did	nat) view the bady after death.	DEGREE		22c. DA	TE SIGNED .
e De		24.5	(1/(),()		MEDICAL STA	FF 5/	14/80
Stat		22d. PHYSICIAN'S NAME ITYP	E ORPRINT)	220 ADDRESS	Z DIKECTOK PHTSI	CIAN []]/-	14/00
With the Sta		Laurence	R. Gallager,	M.D. Pine Hote	. & Wilken	a Awaa Ra	1+ Ma
IM IM	23a. F	URIAL, CREMATION, REMOV		30 NAME OF CEMETERY OR CREMATORY		2 WAGO. De	
	(Burial	1.1.1.	Woodlawn Cemeter	CITY OR TOWN	county Dollin	STATE - DIT -
		JNERAL DIRECTOR		25e D.	ATE REC'D. BY REGISTRAR	n Baltim	ore Md
-16 25M 5, 4) 1/79	M	acÑabb Funer	ral Home Cate	onsville, Md.	AY 1 5 1980	frograys	directly
			Homo Oa o	orrantie, Mari	- ,000		

STATE OF MARYLAND



TO HOSPITAL OF ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

		FOR			DCD 4 DTN		OF MARYLAND		eur O O	1	1 6	2 0
		- STATE REGISTRAR			DEPARIN		CATE OF DEA		ENE 8 U	40	: 0	0 0
-		1. DECEASED NAME	FIRST	MIDDLE		LA	ST	1	20 DATE OF DEATH		DAY YEAR	2b. HOUR
BA 保計		(TYPE OR PRINT)	eynold:	5 Jose	ph	Н	orpel			5	8 80	11:14AM
R SEE ST		3. SEX		4 RACE		5. DATE O			6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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al di 2 hou	20	To. BIRTHPLACE (STATE COUNTRY)	OR FOREIGN	76 CITIZEN OF WHAT CO		MARRIED	NEVER MAR	RRIED 🗆	9 BALTIMORE CITY			
12	10	Maryland		U.S.A		WIDOWE		RCED 🗌	Baltimore		4	MD.
by the l	100	Towson	DEATH	GBMC 6701 N	GIVE STREET	ADDRESS)	2	.204	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Tea		IFE) INDUSTRY	to Co.
62	50/	130 STATE	136 COU	ROTHER INSTITUTION, GIVE RESIDENTY	PENCE SEFORE Y OR TOWN LETVI	ADMISSION)	134 INSIDE CITY	LIMITS?	131 STREET ADDRESS 109 Hedge			
# E S	20	Maryland	Bal	timore Luth	ervil	lle		o 🖄		wood h	Rd 21093	
54	1700	14 FATHER'S NAME		WIDDLE	LAST		15. MOTHER'S M		AE MIDDLE		14	ST
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9 1 9	E /	160 WAS DECEASED E	VER IN U.S. AI	RMED FORCES? 166 SOC	CIAL SECU	RITY NO.	17 INFORMANT		ADDI	RESS		
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og ca	-	THE DATE OF OP	S UNDERLYING	7 216. TIME OF INJURY	Y		21c HOW INJUI	RY OCCURR	ED (ENTER NATURE OF INJ		No.	
ysic ysic tertii tal F	Lem G				NTH DA	AY YEAR						
9 7 7 5	ŏ	OR CONTRIBUTING (IF EITHER, NOTIFY A 21d. INJURY OC		P.M.	PY	19	211 LOCATION				-	
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or at or at se as lealt	42	22a I certify the	et (I) (this hosp	ital strended the deceas	ed from_	- (4 N	7	19 80	to	14	1980	that (I) (we) lost
ital or u	В 2	sow the de-	ceased alive or	of) view the body fifter dec	19 S	O, on	d that in (my) (ou	or) opinion d	leath occurred an the	day and ho	ur and from the	couses stored
bort.	Ite	776 SIGNATURE	A Committee of the comm	AY)	um.	0	EGREE		/	7	22s. DATE	SIGNED
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by ER/	Z /	THE PHYSICIAN	SNAME HYPE	SPRINT)	W II	2 1111	22 ADDRESS	ISICIAIN Z	BIRECTOR LI THIS	CIAIT	1////	200
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DHMH-16 2		NAME			ADDRESS			230. DATE	WEST IN MEGISTIS	A NE GIS	Charles	Creody
(VRA 15, 4)	1//9	Mitchell.	-Wiedef	eld Home 65	00 Yo	rk Rd	21212					

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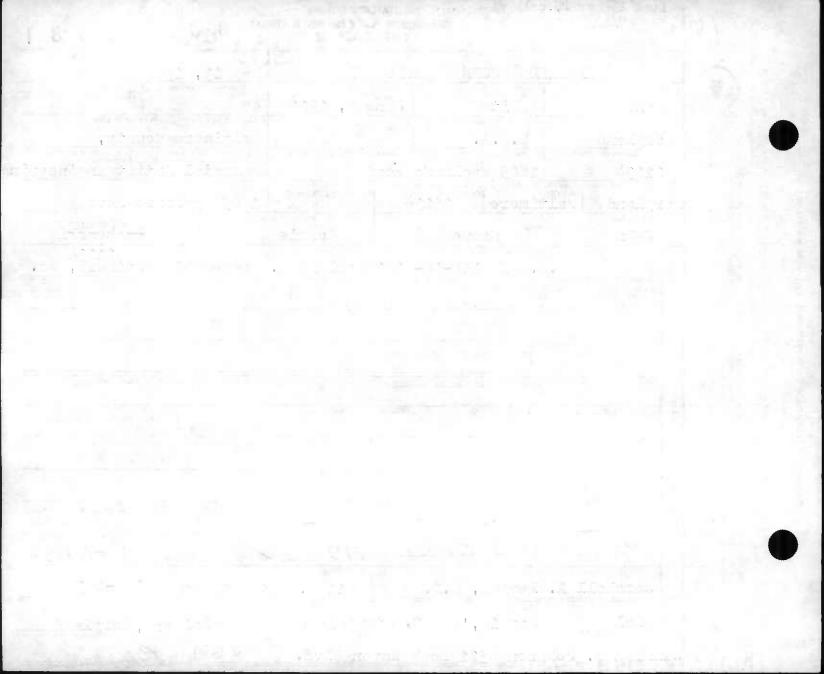
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STATE OF MARYLAND

Item 15 Per PH. call with F.H.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar ather traumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

STATE	OF	MARYLAND
SIMIL	U	MARILAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	0 (REG. NO.	1 6	8 2	
		Ate	MACE	MIDDLE .	Hel.	AST BB/E DF BIRTH	20 DATE OF DE	14 29	DAY YEAR 1980 IFUNDER I YEAR	2b. HOUR 6 Am IF UNDER 24 HRS	
	Female	0.00	whit	e.	MONTH	1 111 100.	1 86	YRS.	MONTHS GAYS	HOURS MIN.	
	IRTHPLACE (STATE OR FOR	EIGN 75	CITIZEN OF	WHAT COUNTRY?	8.	D' NEVER MARRIED		CITY OR COUNT	Y OF DEATH		
	Virginia		Uis	S. A.	WIDOWE		BI	Hunne	County	✓ MD.	
1	white Ha	11	1822	HOSPITAL, NURSING HEACILITY, GIVE STREET		ROCKA!		UPATION MOST OF WORKING		BUSINESS OR	
13a. :	Pary land	36 SOUNTY	ER INSTITUTION	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e. STREET ADD	ess hite 1	hill Rd	/	
14. F7	ATHER NAME FIRST AMES	Sa	nelers	Whit	le	15. MOTHER'S MAIDEN N FIRST	· MI	DDLE	06%	orne.	
	WAS DECEASED EVER IT YES, NO OR UNKNOWN)	U.S. ARMEI (IF YES, GIVE WA	FORCES? R OR DATES)	717-36	4961	LIGHT L.	Hubble.	ADDRESS 82		tall Rd.	
	4292	which	DUE TO, Of	CARDIOV RAS A CONSEQUE RAS A CONSEQUE A S C V	ENCE OF		LLAPS			AATE INTERVAL NSET AND DEATH	
NO	PART 2. OTHER SIGNI		DITIONS CO	A (-E	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF	CONDITION G	IVEN IN PART 11a)	
CERTIFICATION	190. DATE OF OPERATION				OPERATIO	N WAS PERFORMED	20a AUTOPSY	OPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc			
MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	21b. TIME O HOUR A./ P./	M. MONTH DA	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM 18,	, PART 1 OR PART 2)		
MED	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	E	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY	ORTOWN	COUNTY	STATE	
	220.1 certify that (I) (1 saw the deceased abave, (I) (we) (di x	alive an	May	26 19		d that in (my) (our) apinian	, 10	the date and ha		hat (I) (we) last auses stated	
	22b. SIGNATURE	Tole	elm	-			MEDICAL DIRECTOR F	STAFF PHYSICIAN [May 3	1980 1980	
	22d. PHYSICIAN'S NAM	7 W.	LISE	E		57 W. TIM	neNIUM K	20 71	MONIUM	Med	
23a. E	BURIAL, CREMATION, RE	MOVAL 2	3b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO		SOUNTY /	STATE	

DHMH - 16 60M 7/73 (VR A 15 (4))

retained by the haspital ar attending physician.

24 FUNERAL DIRECTOR

Trealm, Pa. 1734 JUN 2 1980 BALTIMONE

1250. DATE REC'D. BY REGISTRAN 256. DE 15 PLAN'S SENATORE

1980

	1 -	FOR STATE REGISTRAR		DEPARTN	ENT OF H	E OF MARYLAND LEALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 0	0.	Ó	8 3
0		EASED NAME FRST DR PRINT]		WIDDLE		AST	ta onic or berini	MONTH DA		26. HOUR A
(Bell)		MAY	LEWIS	HUDGINS				16,198		9:00 M
1294/	3 SEX		4 RACE		5. DATE C	DAY VEAD	& AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN.
S L		Female	Whit	te	Nov	ember 22,1882	97	YRS.		
filed at	7a BIR	THPLACE (STATE OR FOREIGN UNTRY) Maryland	16 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED XX	Baltimore City o	<u>or</u> county o timore		y MD.
of 370	10 CI	Y OR TOWN OF DEATH Towson	JIF NOT IN SUC	H FACILITY, GIVE STREET	DDRESSI	of Maryland	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemaker	OF WORKING LIFE)	126 KIND O INDUSTRY	OF BUSINESS OR
135	13a. S	RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION NTY	I3c. CITY OR TOWN Baltimo	N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 150	9 Park	Ave.	
3 medical exam	14. FA	THER'S NAME FIRST William G.	MIDDLE Hudgins	LAST		15. MOTHER'S MAIDEN NAM	Gamble MIDDLE		LAS	51
oval.		(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	220-46-4		Rosa Lee Robe	ertson, Adm			MATE INTERVAL ONSET AND DEATH
e has been signed by the attending phermit. Then please remove carbon paere prior to burial, cremation, or rem shows any trijury, or other traumatic	CERTIFICATION	Canditions, if ony, which gove rise to immediate cause iol, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO E ONTRIBUTING TO E ONTRIBUTING TO E	BNA NCE OF MAN M DEATH BUT	Anteni Anteni NOTURLATED TO THE TERM MAS PERFORMED TELL HOW INJURY OCCURR	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	N IN PART 10 WERE FINDING CAUSES	NGS USED
s the burial-transit p th and Mental Hygi marked or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ATH HOUR A. P. 21e. PLACE	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	19	21f LOCATION STREET	CITY OR TO		COUNTY	STATE
for use a c. of Heal em 21 is		220.1 certify that (I) (this has: sow the deceased alive or above, (I) (we) (did) (did-	2 -	14 19	30.0	nd that in (my) (own) opinion of	death occurred an the d			
should be detached f with the State Dept. IMPORTANT: If Ite		224. PHYSICIAN'S NAME (TYPE) Sidney J. V		Z & Ked).	ATTENDING	MEDICAL STA DIRECTOR PHYSI	CIAN	57	16-80
Shou	22				LAME OF		123d LOCATION	Le, Ilu	• 212	1.2
	230 B	URIAL, CREMATION, REMOVAL BECKY) Burial	236. DATE May 19			n Mount	Baltimor	e City		
1H-16 25M 15, 4) 1/79		NERAL DIRECTOR	d Home,			OLK VA .	AY 2 1 1980	25h. REGISTR	AR'S SIGNAT	Credy

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/	L	FOR STATE REGISTRAR CEASED NAME FRST		DEPARTN		H AND MENTAL HYC	0 0	G. NO.	DAY YEA	R 2b. HC
1		ORPRINTI Bat	111		Huffman		76. DATE OF DEAT	5		0 6:
	3 SEX	Male	4 RACE		5 DATE OF BIR	TH YEAR 94	6 AGE (IN YEARS LAS	T BIRTHDAY) YRS		EAR IF UND
72 hour	C	RTHPLACE (STATE OR FOREIGN OUNTRY) est Virginia	76. CITIZEN OF V	what COUNTRY?	MARRIED WIDOWED []	NEVER MARRIED	Baltimore ci	ore Co		1
tou ad 70		atonsville	(IF NOT IN SUCI	HOSPITAL, NURSIN H FACILITY, GIVE STREET A in the Pi	ADDRESS	HERINSTITUTION Sing Cente:	17a USUAL OCCU (TYPS OF WORK FOR M		12h KIN INDUST Sel	ID OF BUSI
d be fill	13e, S	AL RESIDENCE (IF NURSING HO) STATE 136 C	ME OR OTHER INSTITUTION, OUNTY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Baltimo	N 13d.	NSIDE CITY LIMITS?	13. STREET ADDRES		es Str	eet
nd 2 shoul	14. FA	THER'S NAME FIRST John Huf	Lman.	LAST	15. A	OTHER'S MAIDEN NA	ME	LE		LAST
the media		VAS DECEASED EVER IN U.S.		229-09-		House in th			Fusti:	0
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rt. Then please remove prior to burial, cremative any injury, or other	TIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse loss	DUE TO, OF	R AS A CONSEQUE	NCE OF DEATH BUT NOT	sufficie		20b. IF Y	GIVEN IN PAR	NDINGS US
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or use as the burial-transit permit. Then please remove of Health and Mental Hygiene prior to burial, cremation 21 is marked or Item 18 shows any injury, or other	MEDICAL	Conditions, if ony, which gove rise to immediate couse iot, stating the underlying couse loss. PART? OTHER SIGNIFICATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OPERATION 2110. INJURY OCCURRED AT WORK AT WORK 2120. I certify that Country that Country is not with the country of the countr	DIATE CAUSE 10) DUE TO, OF (b) DUE TO, OF (c) INT CONDITIONS CO IPP CONDITIONS CO	ONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION DE	DEATH BUT NOT OPERATION WA AY YEAR 19 ARM, ETC. 1 DEGR	HOW INJURY OCCUR LOCATION STREET 12 19 1 in (19) (our) opinion EE ATTENDING PHYSICIAN	YES NO	206. IF IN CER	VES, WERE FIRTHEYING CAU YES COUNTY 19 20 21 D	NDINGS USES OF DE NO

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction of should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, as other traumatic event, the medical examiner must be notified at once.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	ENES	O REG.
LAST	2a. DATE O	

1	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. N	1 6	8 5
	CEASED NAME FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY YEA	10.11001
,,,,,,	MARY			HULI		MAY 30	, 1980	6:40a _M
3. SE	^X Female	4. RACE Wh:	ite	5. DATE O		6. AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS. AYS HOURS MIN.
0	RTHPLACE (STATE OR FOREIGN OUNTRY) rthern Ireland		WBY194111? Isles		D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C		MD.
10 C	TOWS ON	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET / JOSEPH H	ADDRESS)	CAL	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemaker	OF WORKING LIFE) INDUST	ID OF BUSINESS OR
130.	AL RESIDENCE (IF NURSING HOM STATE 13b CC ryland Ba	or other institution UNITY Ltimore	GIVE RESIDENCE BEFORE 130 CITY OR TOW TOWSON		13d. INSIDE CITY LIMITS? YES \(\text{NO } \forall \)	13e. STREET ADDRESS 8203 Bello	na Ave. 21	204
14. Fa	ATHER'S NAME UNKNOWN	WIDDLE	Thompson		15. MOTHER'S MAIDEN NAME FIRST			LAST
16a. V	MAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, NO	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 214-72-5 NOUXEX	474	Walter Ives,	same as #	13e	PROXIMATE INTERVAL EEN ONSET AND DEATH
NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUE (b) Arteriosc1 DUE TO, OR AS A CONSEQUE (c) Congestive			erot:				T 1(o)
CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOX	NDINGS USED ISES OF DEATH?	
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A		Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART	2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	vn county	STATE
	22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE	on May 30)	80 , 01	8 , 19 80 nd that in (my) (our) apinion of DEGREE ATTENDING PHYSICIAN	to May 30 death occurred on the do	22c. D.	—, that (I) (we) lost the causes stated AJE SIGNED
	27d PHYSICIAN'S NAME (TYPE Charles B		M.D.		220 ADDRESS 76 00 0548	R DR. 700	son mo	21264
23a. E	BURIAL, CREMATION, REMOV SPECIFY) Cremation		23c. N		emetery or crematory on Park Cremat	23d. LOCATION CITY OR TOWN ORV Balt	county	state v land
li .	UNERAL DIRECTOR ICK TOWSON Fun	eral Home	ADDRESS 10	050 Y		E REC'D. BY REGISTRAR		Windy

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

TEO DESCRIPTION TO SELECT

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, retained by the hospital or attending physician.

Page 4 may be

	1-	FOR STATE REGISTRAR	953994	3 DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	0		686
	1. DE	CEASED NAME	FIRST	WIDDLE		LAST	REG. NO	ONTH DAY	YEAR 2b. HOUR
	(TYPE	OR PRINT)	OHN	NMI	J	ACKSON		5 20	80 11:02
ASC.	3 SE			RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	IDAY) IF UN	DER 1 YEAR FUNDER 24 HRS
建	M	ALE		BLACK	MONT	12 17	63	YRS.	S DAYS HOURS MIN
fee / - /	C	RTHPLACE ISTATE OR F DUNTRY) TH CAROLTN		CITIZEN OF WHAT COUNTRY	MARRIE WIDOW	D NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF	DEATH
e 73	10 CI	TY OR TOWN OF DE	ATH 11	. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE .A. MEDICAL CE	ING HOME (120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12 WORKING LIFE) IN	N. KIND OF BUSINESS OR NOUSTRY METAL PRODUC
35	USU. 130. S			HER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		13. STREET ADDRESS 105 CENTE		
medical exam		Paul	MID	JACKSON	-	IS A Delle	MIDDLE	IRV	* A N
t, the me	()	VAS DECEASED EVER YES, NO OR UNKNOWN) YES	IN U.S. ARME (IF YES, GIVE W/	AR OR DATES)		17 INFORMANT CLINICAL RECO	RDS, VAMC,		
natic even		PART I. DEATH V	H (Enter only ovas CAUSED E	ane cause per line for (a), (b), o by: AUSE (a) PNEUMONIA	nd (cu)	ATERAL			BETWEEN ONSET AND DEATH 12 days
y injury, or other traum	Z	Conditions, if any gave rise to im couse (a), statiunderlying couse	mediote ng the e last.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO TO THE PROPERTY OF THE PROPERTY	LYMP	HOCYTIC LEUKEM		DITION GIVEN IN	2+ years
. C	ATE			196 CONDITION FOR WHICH	H OPERATIC	NI WAS PERFORMED	T		
	Ξ	19a DATE OF OPERA	TION	175 CONDITION FOR WITE		NASTERIORMED	200 AUTOPSY?	IN CERTIFYING	RE FINDINGS USED G CAUSES OF DEATH?
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itate Dept. of Health and Mental Hygi NNT: If Item 21 is marked or Item 18		210. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	CAUSE OF DEATH CALEXAMINER) RED WHILE (this hospitol) ed alive an did in death in	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE offended the deceosed from MAY 20 19 19 19 19	, FARM, ETC.) MA 80 o	214 HOW INJURY OCCURR 214 LOCATION STREET	YES NO CITY OR TOWN CITY OR TOWN 1a WAY 20 Jeath accurred on the do	IN CERTIFYING YES IN ITEM 18, PART 1 (OUNTY STATE
tate Dept. of Health and Mental Hygiene NT: If Item 21 is marked or Item 18 sho	MEDICAL	210. ACCIDENT WAS UN OR CONTRIBUTING (# EITHER, NOTHY MEDK 21d. IN JURY OCCUR WHILE AT WORK AT WO 220. I certify that of sow the decess above, (## (We) 1 221. SIGNATURE	DERLYING CAUSE OF DEATH ALL EXAMINER) RED WHILE CAUSE OF DEATH CONTROL OF DEATH CONTROL OF DEATH CONTROL OF DEATH AME (TYPE OR PR	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE offended the deceosed from MAY 20 19 1ew the body offer death. INT) M.D.	19 FARM, ETC.)	216 HOW INJURY OCCURR 216 LOCATION STREET 19 80 and that in (Ty) (aur) opinion of DEGREE ATTENDING PHYSICIAN	YES NO CITY OR TOWN TO MAY 20 Jeath accurred on the do MEDICAL STAF	IN CERTIFYING YES IN ITEM 18, PART I C THOUSE THOUSE THE ONLY OF THE ONLY ON	OUNTY STATE OUNTY

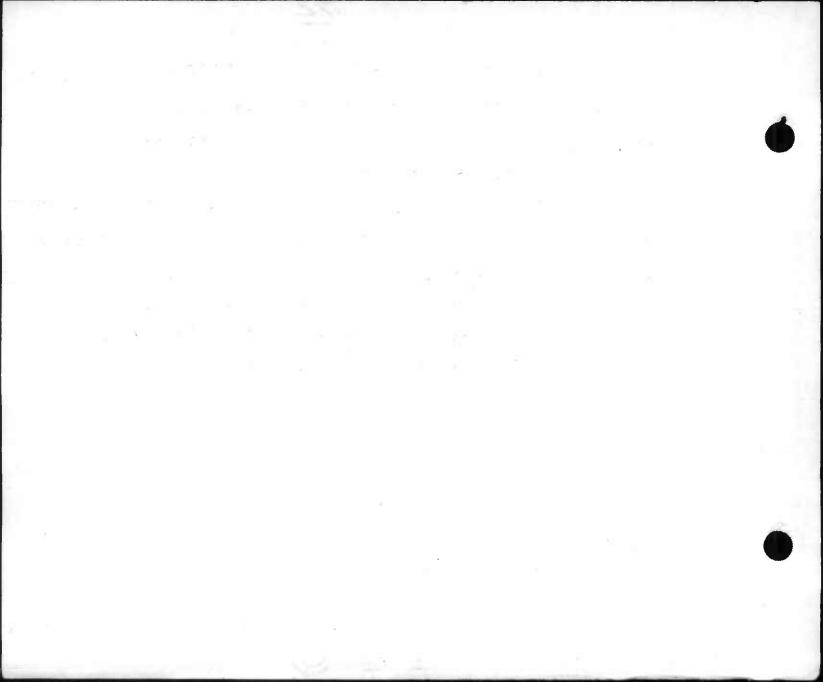
JCAN JANASCE JANASCE S 20 80 11:02+0 All 5 12 63 11 63 TIMOO INGLINIAL X .S.U. S.U.U MIJIGAN REUDE PORT TOWARD V.A. HERMOLE SLITES CONTROL ALV. Paul Jackson Isabelle Jackson PARTICIPATE, BILLIAMED 12 CONS x 05 OS.YAL 08 g.YAL CU 09 YAL xxx x CAR LANG SEARCH, N.D. VA HERICAN, LUISSEN, STEEL LANGIGE, SEP CROSS The same of the sa Albert Harris Commence

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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1 -	FOR STATE REGISTRAR			DEPARTI			F DEATH	IYGIENE	8	REG.	NO.		1 0	0 0
	CEASED NAME	FIRST		MIDDLE	L	AST		2 s C	ATE OF	DEATH	MONTH	DAY	YEAR	26 HOUR
(ITPE	ORPRINT)	LEROY		G.	JEF	FERY					05	23	80	3:36Pm
. SE			4 RACE		S. DATE C		Y YEAR	6. AC	SE (IN YE	EARS LAST B	IRTHDAY)	IF U	UNDER I YEAR	# UNDER 24 HRS
	MALE		W	HITE	1	1	9 /18	98	8	2	Y	rs.	TINS GATS	Man Man
	RTHPLACE (STATI DUNTRY) BALTIMOI		16 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE		ER MARRIED (' BA		RECITY SON	OR COL	Sal	to 1	n MD.
	ALT I MOI	FDEATH	11, NAME OF	HOSPITAL, NURSIN		S TRE	ET	(TYPE		OCCUPA k for mos RN			126. KIND O INDUSTRY BAR R	F BUSINESS OR
USU. 13a. S	MARYLANI	136 COUN		GIVE RESIDENCE BEFOR 13c. CITY OR TOW BALTIMON	'N	13d. INSID	ECITY LIMITS		STREET	ADDRES:	s INER	R PLA	CE	
4 F/	ATHER'S NAME		AIDDLE	LAST		15 MOTH	ER'S MAIDEN	NAME		MIGOLE			LAS	ST.
	WILLIAM			FFREY			FLOR	ENCE				F	ERGUS	
	VAS DECEASED		MED FORCES? WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	17 INFOR	MANT			ADD	RESS			21206
	YES	SA		213 28 1	158	HAF	RRIET C	ERQUI	ETTI	431	9 KE	NWOC	DD AVE	
	Canditions, if gave rise to cause (a),	TH WAS CAUSE IMMEDIAT any, which	DUE TO, O	ARRYTHI R AS A CONSEQUI SEVERE R AS A CONSEQUI A . S . C .	MIA A ENCE OF CHRO		OBSTRI			PUL		ARY	Mi	MATE INTERVAL ONSET AND DEATH NUTES
7	PART 2 OTHER	SIGNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELA	TED TO THE TE	RMINAL	DISEAS	E OR CO	MDITION	N GIVEN	IN PART 1	01
O		-									1			
CERTIFICATION	19a DATE OF OI	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PE	RFORMED		o AUTO	NO [NGS USED S OF DEATH?
		AS UNDERLYING CAUSE OF DEA MEDICAL EXAMINER)	III		AY YEAR		V INJURY OCC	URRED (ENTER NA	TURE OF IN	JURY IN ITE	M 18, PART	1 OR PART 2)	
MEDICAL	21d. INJURY OC	CURRED NOT WHILE AT WORK	21R PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC)		ATION EET -		_	CITY OR T	OWN		COUNTY	STATE
	saw the de abave, (1) (eceased alive an we) (did) (did na	05				<u> 23</u> ₁₉ 8 my) (aur) apini		accurre	d an the	date an	, 19_ d haur ar	nd fram the	
	226 SIGN	John	I fa	<u></u>	M.	DEGREE	ATTENDING PHYSICIAN		DICAL	ST PHYS	AFF SICIAN [120 DATE	23 80
	DR.	JOHN G		N		GR	EATER	BAL	TIM	ORE	MED) I CA	L CE	NTER

DHMH-16 25M (VRA 15, 4) 1/79

should be detached for use as the burial-transit permit. Then please remove carbo with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

TO FUNERAL DIRECTOR: After

is marked or Item 18 shows

MPORTANT: If Item 21

any injury, or other

CREMATION 24 FUNERAL DIRECTOR THE DIPPEL BROTHERS INC. 74 BALAIR RD. 21 206 MA

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

23b. DATE

73c NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

COUNTY

MARYLAND

1980 GREEN MOUNT CEMRTERY BALTIMORE 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

BOOKSHAR MARTINER DOOR AND TRUNCH OF THE PLACE

2020 243 28 4458 HARRIEL COROLLTI 4319 KENNOD AVE MILTO. H.

CREMITOR MAY 26, * 900 GREEK BAULT CEMELERY BALTIMORK

THE DIFFEL EROTPERS 1MC. 7110 MININ SD. 21246 MAY VENILLE

		FOR			DEPART		EALTH AND M	AU Ental hyg	IENE Q A		1 1	6	8 9
	1.	STATE REGISTRAR					ICATE OF DE		REG.	NO			•
		CEASED NAME	FIRST	A	AIDDLE	ı	AST		26. DATE OF DEATH		DAY	YEAR	26. HOUR
	{TYPE	OR PRINT)	AULI	NE		.10	HNSON			05	01	80	7:38P
	3 SEX		AULI	4 RACE		5 DATE C			AGE (IN YEARS LAST I			ER I YEAR	IF UNDER 24 HRS
		Female		Neo	gro	MONTH 2	7	03	77	YRS	MONTHS	DAYS	HOURS MIN
		IRTHPLACE (STATE OR FO			WHAT COUNTRY?	1		9 BALTIMORE CITY OR COUNTY OF DE			EATH		
5		OUNTRY) MD		U:	SA	WIDOWE	D NEVER MA	ORCED	TOWSO	N			MD
7	10 CI	ITY OR TOWN OF DEA	11. NAME OF H	HOSPITAL, NURSIN	NG HOME C	GBMC_	NOITUT	12a USUAL OCCUPA (TYPE OF WORK FOR MOS			KIND O	F BUSINESS OR	
6		ALTIMORE		6701 N	V. CHAR	LES S	TREET					DOSINI	
5	13a S	AL RESIDENCE (IF NURS STATE MD	136 COU	R OTHER INSTITUTION, NTY	GIVE RESIDENCE BEFOR 134. CITY OR TOW Baltim	/N	134. INSIDE CIT	Y LIMITS?	134. STREET ADDRES. 2612 S.		a St	ree	t
	14. FA	ATHER'S NAME		WIDDLE			15. MOTHER'S		WE				
0		Elijah			Johnson			ice	MIDDLE			Owe	
5	léa V	WAS DECEASED EVER		RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMAN	IT	ADD	RESS			
4		No	(* 120, 011	a train on on teap	218-03	-5343	Carol	yn Br	adford 2	612	S. I	Paca	St.
		IL CAUSE OF DEAT			line for (o), (b), on	id (c). (APPROXI	MATE INTERVAL
		PART I DEATH W		ED BY: TE CAUSE (a)	MAS:	SIVE	C.V.A.						
		436-		DUE TO, OI	R AS A CONSEOU	ENCE OF						240	
		Canditions, if any, which gave rise to immediate										3,5	
		couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF											
		(c)											
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) METASTATIC PANCREATIC CA.											
	ATK	190 DATE OF OPERAT	TIÓN		TION FOR WHICH OPERATION WAS PERFORMED				-			ES, WERE FINDINGS USED	
1	IFIC								YES T NOT	INCER	YES	CAUSES	OF DEATH?
-	CERTIFICATION	21a. ACCIDENT WAS UND	DERLYING [21c HOW INJU	URY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM I		R PART 2)	
7		OR CONTRIBUTING C		AIR		AY YEAR							
1	MEDICAL	214 INJURY OCCUR		21e PLACE			21f LOCATION	٧	CITY OR T	OWN		YTAUK	STATE
	\$	AT WORK AT WO	HILE	(A) HOME, SIR	EET, PACTORY, OFFICE,	PARM, ETC.)		0 -	-				SIAIL
		220 I certify that (I)	(this hosp		e deceased from)4/26	, 19. 80	0 <u>05</u>	701	. 19_6	30	that (I) (we) lost
		sow the decease above, (I) (we) (d		ot) view the bady		<u>0U</u> , or	nd that in (my) (c	our) opinion	deoth occurred an the	date and t	nour ond	from the	causes stoted
		226. SIGNATURE	12		47	0	DEGREE	TENDING _	MEDICAL SI	AFF	2	2c. DATE	
		<	1	200	* a	yal	Ph	YSICIAN [05/	01/80
	224. PHYSICIAN'S NAME (TYPE OR PRINT) 226. ADDRESS							LILLAGE	MED:	041	051	TCD	
1		DR. BA							ALTIMORE	MF D I	CAL	CEN	IEK
	23a B	Burial, CREMATION, SPECIFY, Burial	REMOVAL				EMETERY OR CR		236 LOCATION		COUNT	iy	STATE
		purial		5/7/8	30 M	c. Au	burn C	em.	Balti	more			MD

North Ave.

1980

1101 E.

DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERAL DIRECTOR

C. March F/H

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN:

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AND AND THE STATE OF THE STATE

11-	Info.Fil FOR STATE REGISTRAR	mG545 7/2	D	m STAT EPARTMENT OF H ICAL EXAMINI		NENTAL HY	F 3 5 4	REG. NO	1	6 9 0	
	CEASED NAME E OR PRINT)	JOSEPH		MIDDLE	LAST	NAS	OF	KNOWN X ESTI- MATED		18 80 2b. HO	JUI
3. SEX		ACE 5. D.	NOV.3,1	922 57 YR	RS IF UNDER 1 YR.	IF UNDER 2	4 HRS. 2c. DATI	NCED	монтн	18 80 PAR 24.716	P
7a. BI	RTHPLACE (STATE OF POLAND		USA		8. MARRIED XXII	EVER MARRIE	Balt.	imore (AAI
1D. CI	TY OR TOWN OF D Pikesvi	11e Ho	NAME OF HOSP	ITAL, NURSING HOME,	OR OTHER INSTITU	UTION	FOR MOST OF WO EXPORT	RKING LIFE)	- 1	L KIND OF BUSINESS OR INDUSTRY GEN. MDSE.	
13a. S	AL RESIDENCE (IF IN TATE NEW YORK	13b. COUNTY		residence before admissio 13c. CITY OR TOWN WANTAGH		CITY LIMITS?	3e. STREET ADDR	ESS ERN LA.	#:	11793	
	ATHER'S NAME SIMON	MIDI		JONAS						KNOWN	
160. V	VAS DECEASED EVI ES, NO, OR UNKNOWN) NO	ER IN U.S. ARMED F	ORCES?	051-26-289			J. MORRI CH ST.,			NY 11550	
NO	Canditians, if gave rise to cause (a) statilying cause la	a immediate ing the <u>under</u> -	(c)	S A CONSEQUENCE O		ON GIVEN IN PART	1 (o).				
CERTIFICATION	19a. DATE OF OPE	RATION	19b. CONDITIO	ON FOR WHICH OPERA	ATION WAS PERFOI	RMED?				2D. AUTOPSY? YES X NO [
CAL CER	UNDERLYING CONTRIBUTING	_		NJURY MONTH DAY YEAR 19	21c. HOW INJURY	Y OCCURRED	(ENTER NATURE OF IN	IJURY IN ITEM 18 I	PART T OR PART 2	9	
MEDICAL	21d. INJURY OCCU WHILE DAT AT WORK AT	JRRED OT WHILE		FINJURY (AT HOME, RY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	OWN	COUNT	Y STA	TE
	22a. I certify the death resulted fro ACTUAL SIGNATURE	at I taak charge af t om: Natural car		ibed abave, held an Accident , Suid	TITLE (specify)	Inquiry Undetermined m	annerXXX	d in my apini DATE SIGNE 5 :	-19-80	
23a.Bl	(TYPE OR PRINT) URIAL, CREMATION SPECIFY) DEMOV	Marg		Korell, M	D_ ADDRESS_	111 ORY	Penn St 23d. LOCATION PINEMAN	reet	L. POUNTY	NEW ^{STA} YOR	= v
	UNERAL DIRECTOR						FINEDAV	ATA	m.T.	MEW TOR	.1\

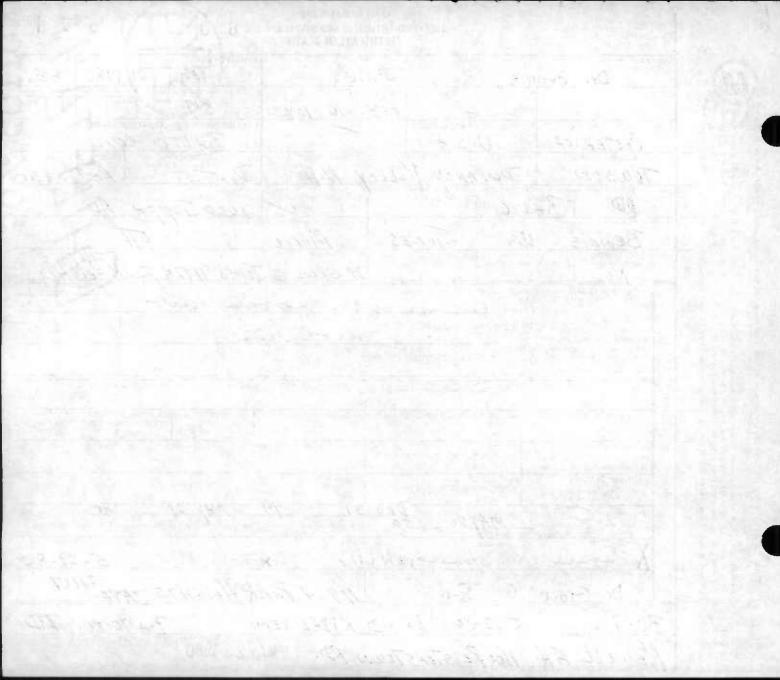
and the second s

- water	n 24 hours after death. Fugit 4 mins to	filled in by the funeral filtural and be filed within 72 four cases	must be notified of one
	O O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Flager 1 months of the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral Birds and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 four with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, arother traumatic event, the medical examiner must be natified at any
9,1	40 HOSPITAL OR ATTENDING PHYSICIAN: The Letenined by the hospital or attending physician.	TO FUNERAL DIRECTOR: Afi shauld be detached for use a with the State Dept of Health	IMPORTANT: If Item 21 is mor

BP DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 0

	1.	FOR - STATE REGISTRAR			EALTH AND MENTAL HY	GIENE 8 0	1 1 6	9 1		
U		CEASED NAME FIRST	MIGDLE		AST		MONTH DAY YEAR	2b HOUR		
	(TYPE	Dr. Beni	nie R.	70	nes	May 21,1980 63				
	3. SE.	X	4 RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT				
		mile	ullute	FEE	. 10 1893	87	YRS.	YS HOURS MIN		
,			76 CITIZEN OF WHAT	COUNTRY? 8.		9. BALTIMORE CITY O	R COUNTY OF DEATH			
0	C	COSTARICA	1), 5.	A. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	RAL	TO. COI	MD.		
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI		O OF BUSINESS OR		
0	-	TOWSON	PULAN	Y, GIVE STREET PORESS),	Y N.H.	PEN 1:37	F WORKING LIFE! INDUSTR	TIRED.		
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE NO. 136 - COUN	TY 13c. CI	TY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	OPPA AT	>,		
	14 FA	ATHER'S NAME	1		15 MOTHER'S MAIDEN NA		1			
30	1	BENNIE	W	JONES	MALIE	WIGDLE	0//	LAST		
1		WAS DECEASED EVER IN U.S. ARA	WED FORCES? 166 SC	OCIAL SECURITY NO.	17 INFORMANT	ADDRE	55 2/	117		
		No			PR.GRACE Q.	JONES 1192	4 PARK HE	516H75		
9	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A	CONSEQUENCE OF CONSEQUENCE OF UTING TO DEATH BUT OR WHICH OPERATIO		MINAL DISEASE OR CONI	DITION GIVEN IN PART 20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED		
1	ERT	71g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUI	RY	21c. HOW INJURY OCCUP		1			
7		OR CONTRIBUTING CAUSE OF DEA			The state of the s	THE PERSON OF TH	I IN TIEM TO, PART OR PART 2	,		
	ō	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
	MEDICAL	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACT	URY TORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE		
		22a.1 certify that (1) his haspit saw the deceased alive on abave, (1) (we) (did) (did not 27b SIGNATURE	MHV 20	9 80 , ar	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. DA	L, that (1) (we) last he couses stated TE SIGNED		
		22d PHYSICIAN'S NAME (TYPE OR	PRINT)		22e. ADDRESS	. /	7	1110		
		Dr. Grace	G. Jor	res	11924 Par	ck HEIGH.	TS AVE.	-1117		
	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	SIATIN		
	1	SURIAL	15-22-80	LRUID	KIDGE CE	M.	BALTO C). MD.		
	24 FL	UNERAL DIRECTOR	1100 8-	ACORESS	25a. DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	ATURE		



completely filled in by the funeral . I and 2 should be filed within 72 h

nding physician

the offer

TO FUNERAL DIRECTOR: After this certificate hos be

TENDING PHYSICIAN The la

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the should be detoched for use as the burial-transit permit. Then please remove cork with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

EPARTMENT OF
CERT

STATE OF MARYLAND HEALTH AND MENTAL HYGIENE 🙊

			-	
0		6	9	2

- STATE REGISTRAR			CERTIF	FICATE OF DEATH	REC	G. NO.			
1. DECEASED NAME FIRST (TYPE OR PRINT) William		M •	Jone	LAST	May 17,		Y YEAR	26. HOUR 11:30 ^A	
		F1 •			1000		UNDER I YEAR	IF UNDER 24 HRS	
3. SEX Male	4 RACE Whi	te	Jan .	5, 1906 YEAR	6. AGE (IN YEARS LAS		INTHS DAYS	HOURS MIN.	
Orange Co. Va.		WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CIT		OF DEATH	MD	
Randallstown		HOSPITAL, NURSING		DR OTHER INSTITUTION Ept.	120. USUAL OCCUP (TYPE OF WORK FOR MC		12b. KIND O INDUSTRY	F BUSINESS OR	
USUAL RESIDENCE (IF NURSING HOME 130. STATE Md. 13b GOL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO NO	13. STREET ADDRE	ss over Roa	d		
4. FATHER'S NAME FIRST Willie	MIDDLE T.	Jones		15. MOTHER'S MAIDEN NA/ FIRST Camilli	MIDD	Sulliva	n LAS	ī	
160. WAS DECEASED EVER IN U.S. A (YES, HOORUNKNOWN) (IF YES, G	RMED FORCES?	218-10-4		Mrs. Gladys		Reister	stown,	Md.	
	(c)	ORAS A CONSEQUENCE ON TRIBUTING TO D	20	Disease NOT RELATED TO THE TERM	Q LINAL DISEASE OR C	01			
NO 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYII	WERE FINDIN		
OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	R) P	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA	19	211. LOCATION STREET	RED (ENTER NATURE OF			STATE	
220.1 certify that (1) (this has sow the deceased alive a above. (1) (we) (did) (did a 22b. SIGNATURE	270.1 certify that (I) (this hospital) attended the deceased from								
SPARTSICIANIS NAME (TYPE	OR PRINT) RA	MO		88/1Liber	4, RS.K	audallo	boml	1021133	
230. BURIAL, CREMATION, REMOVA	23b. DATE May 20	, 1980 Ev	AME OF C	EMETERY OR CREMATORY	13d LOCATION Finks	ourg, Md.	OUNTY	STATE	

retained by the hospital

24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

Eline Funeral Home Reister Stown, Md. 21136

750. DATE REC'D. BY REGISTRAR 256. REGISTRAD'S SIGN TUP

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	820 14 1 0 G				1.1	.ol minare
	district beautiful		. dural	.50 .03	en m	roju Dichum
	The Percent of		Strings the en	d=261	.odrell	
	mert The	c.L. Zen	te	100	7.79	015111
	ioteration appoi.	a sybeid .	an valeti-o			oli
	Andreway, vo.	Enlan-	e .	E Er (TD.	Fr Luiso
	and the		S . 1 . 110	ลีย์รายเล	enon fr	ary sails

	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	0.	1 6	9	3
		CEASED NAME FIRST OR PRINT) WILLIAM	R.	MIDDLE	-	NES		MONTH DAY	YEAR 1980	7 43	-0.0
1	3 SEX	(4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT	JNDER I YEAR	IF UNDER	24 HRS	
		Male	White	ite 9 27 /3			66	THS DAYS	HOURS	MIN	
5		RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY O	MORE			
4	10 CI	TY OR TOWN OF DEATH		S.A.	WIDOWE	D DIVORCED DIVORCED	12s USUAL OCCUPATE		12h KIND O		MD.
0	2	BALTIMORE	(IF NOT IN SUC	HEACHITY, GIVE STREET	ADDRESS)			INDUSTRY		, ,	
5	13e S	1,10	or other institution unity Baltimore	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Timoni	N	134 INSIDE CITY LIMITS? YES NO 🛣	13ª STREET ADDRESS 2203 Pine	Valley	Drive	, 210	93_
2	14 FA	Thomas	MIDDLE W.	Jones		15. MOTHER'S MAIDEN NAME FIRST Helen	ME	Lan	ders	ī	
/	16a W	VAS DECEASED EVER IN U.S. (15, NO OR UNKNOWN) (1F YES, O	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 215-01-3		Mrs. Agnes	ADDRE W. Jones,	same a		C MATE INTER	
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stafing the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF									
	C:	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II									
	NOI	Cerebral	atrophy	Alzhei	mer's						
1	CERTIFICATION	198 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY IN YES [G CAUSES		H?
2		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A	M. MONTH DA	AY YEAR	2) c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	I OR PART 2)		
	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	231 LOCATION STREET	CITY OR TOV	VN	COUNTY	ST	ATE
	The state of the s	22a I certify that (I) (this has saw the deceased alive above, (1) (4%) (4%) (4%)	on May 2	19.8	Sept.	nd that in (my) (Mr) apinion	death occurred on the d			causes sta	-
1		276 SIGNATURE	200	Down C	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAL		22c. DA E	2/P	2
		224 PHYSICIAN'S NAME (TY				22R ADDRESS	no Dodana m	1 may 1	10-3	2100	12
		Donald O. Wo	od, M.D.			2 Greenmead	ow Drive, T	IMONIUM	, Ma.	2105	13

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

ATTENDING PHYSICIAN: The law vital or attending physician.

DHMH-16 25M (VRA 15, 4) 1/79

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR

236. DATE

6-3-80

St. James Church Cem.

23d. LOCATION CITY OF TOWN Lothian

COUNTY Maryland

STATE

250. DATE REC'D. BY REGISTRAR 256. REDISTRAR'S SIGNATURE 1050 York Rd. 1980 Ruck Towson Funeral Home, Inc. Towson, Md. 21204

231. NAME OF CEMETERY OR CREMATORY

ernbrus atroofy - Afronn's

		1	FOR STATE			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE 8 O		16	9 4
		L	REGISTRAR	FIRST		MIDDLE		ICATE OF DEATH	REG. I		DAY YEAR	Izh. HOUR
511	1	(TYP	OR PRINT)			1111		10.42.5			DAT TEAR	
W)	3. SE		eresa	RACE	М.	5 DATE C	ORDAN	Masr 10	1080	F UNDER 1 YEAR	1:45
-			Female		Whi	te	MONTH		91		MONTHS DAYS	HOURS MP
40	d at o	Ja. B	RTHPLACE (STATE OR FORE	EIGN 7b.		WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	BALTIMORE CITY		OF DEATH	
7.4	<u>ک</u> و	10.0	Md.		U.S		WIDOWE		Baltimor	e Coun	ty	
	957	10 0	Balto.	H	(IF NOT IN SUC	HOSPITAL, NURSIN EHFACUITY, GIVE STREET, KLin Sqi	ADDRESS)	ROTHER INSTITUTION Hosp	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Cafeteri	OF WORKING LIFE	FEI INDUSTRY	F BUSINESS
	M M	ÚSU 13a.	AL RESIDENCE (IF NURSING	G HOME OR OTH	HER INSTITUTION		ADMISSION)		13. STREET ADDRESS			
1	とり			V		Balto		YESXOX NO [3617 E	lmley	Ave.	
-	exa	14. F.	ATHER'S NAME	MIDE	DIE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	ī
5	300		James		100	McKenna		Anna		- 12	Ŵ	iegar
1	7		WAS DECEASED EVER IN	I U.S. ARME		166 SOCIAL SECU		17. INFORMANT	ADD			117
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STATE OF MARYLAND

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1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYGICATE OF DEATH	IENE 8 ()	D	1 6	9 5
	EASED NAME	FIRST	N	NIDDLE	l.	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR
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3. SEX			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	Male		Whi	.te	MONTH 3	18 1907	73	YRS.	MONTHS DAYS	HOURS MIN.
	THPLACE (STATE ORFO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
co	Marylan	d	US	A	WIDOWE		Baltime	ore Co	ounty	MD.
	Y OR TOWN OF DEA		(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET Sisters	ADDRESS)	he Poor	120. USUAL OCCUPATION OF WORK FOR MOST O Secular P:	F WORKING LIF		OF BUSINESS OR
13a. S	L RESIDENCE (IF NURS TATE Tryland	13b. COUN		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Catonsv	/N	13d. INSIDE CITY LIMITS? YES NO 🔼	130. STREET ADDRESS 4801 Wilk	ens Av	venue	21228
14. FA	THER'S NAME FIRST George		MIDDLE	Josait	is	15. MOTHER'S MAIDEN NAME FIRST	ME		Ta:	y uenskute
16a W	AS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE			21228
(Y	es, no or unknown)	(IF YES, GIVI	E WAR OR DATES)	220-44-	0654	Mrs. Margaret	t T. Rhoades	480	1 Wilk	ens Ave.
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MEDICAL	21d. INJURY OCCUR	HILE [7]	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	٧N	COUNTY	STATE
	226. I certify that (1) (this hospital) attended the deceased from							FF CIAN []	22c. DATE	E SIGNED
	STAN	cty.	ANKUO	AS		1101 Maide	n Choice 6	10/1	Joll a	21224
23a. E	BURIAL, CREMATION	, REMOVAI	23b. DATE			Paris Compton	23d LOCATION CITY OR TOWN Raltimo:	ro	COUNTY	STATE Md.

BP. DHMH - 16 25M

retained by the hospital or attending physician

O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be

(VR A 15 (4)) 9/74

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral directs should be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene priar to burial, cremotion, ar removal.

IMPORTANT: If Item 21 is morked ar Item 18 shows ony injury, ar other troumatic event, the

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

74. FUNERAL DIRECTOR
Hubbard Funeral Home Inc 4107 Wilkens Ave 21229

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	he de	atte we c
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-	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TOFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directural should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH MONTH 26. HOUR CHARLES Ε. KAMMERER 24 1980 10 May 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) # UNDER 1 YEAR IF UNDER 24 HRS MONTH 3 QAYS HOURS 1891 X**8**(9) Je BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWEDKK DIVORCED BALTIMORE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON CONVALECENT HOME POLICE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 130. STREET ADDRESS CITY OR TOWN 134. INSIDE CITY LIMITS 1100 0060100N/10 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDOLE LAST Ernestina Kammerer Kammerer 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) Earl C. Kammerer, Justa Lane, Cockeysville, Md. 220-22-0067 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21 LOCATION

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive an Mac

opinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF

PHYSICIAN

DIRECTOR PHYSICIAN

224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

KEES 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. DATE

Cokesbury Mem. Cemetany Abingdon Marford Maryland Burial 24 FUNERAL DIRECTOR

Tarring Funeral Home, P.A., Aberdeen, Md. 21001

DHMH-16 25M (VRA 15, 4) 1/79 The Land Company of the Company of t

MIDDLE

DHMH-16 60M 1/73 (VRA 15(4))

REG. NO 20. DATE OF DEATH 2b. HOUR DAYS HOURS

BALTIMORE CITY OR COUNTY OF DEATH

17h KIND OF BUSINESS OR INDUSTRY

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20b. IF YES, WERE FINDINGS USED

(aux) opinion death occurred an the date and hour and from the causes stated

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FOR - STATE

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1. DECEASED NAME

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH MIDDLE DECEASED NAME (TYPE OR PRINT) BESSIE E. KELLY MAY 15, 1980 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE OCTOBER 18,1886 WHITE 93 FEMALE To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) MARYLAND USA BALTIMORE COUNTY WIDOWED Y DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOMEMAKER SAINT JOSEPH HOSPITAL TOWS ON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 1810 LOCH SHIEL RD. 21234 BALTIMORE PARKVILLE MD. NO V YES [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE MARGARET PAUL BYRNE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) LIEVES GIVE WAR OR DATEST 219-01-3377 GERARDINE M. MALSTROM 3300 GARNET NO CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 71h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN

STATE OF MARYLAND

May 16, 1980 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 27d PHYSICIAN'S NAME (TYPE OF PRINT) 23a. BURIAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE -COUNTY

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DEGREE

NEW CATHEDRAL CEM.

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ATTENDING

DHMH - 16 50M 1/76 (VR A 15 (4))

MITCHELL-WIEDEFELD HOME 6500 YORK RD.

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BALTIMORE

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IF UNDER 24 HPS

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Server.	C	RTHPLACE (STATE OR FO	OREIGN 7	TE CITIZEN OF	WHAT COUNTRY!	8. MARRIEI		MARRIED IVORCED	BALTIMORE Baltin	city <u>or</u> cou more Co		EATH	
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with the State		22d. PHYSICIAN'S N.	EY A	NKELD.		-	22e ADDRE	maide	n eleve	ice La	B	elle	2122
, 3	(BURIAL, CREMATION, SPECIFY) BURIA	REMOVAL	236. DATE 5/10	1/80 3	NAME OF C	50 1	CREMATORY	23d. LOCATK	ALTO	COUN	MC	STATE
7/77	24 FI	UNERAL DIRECTOR	us li	2 20	ADDRESS	DO WA	hood	250. DATE	REC'D. BY REG	1980)	GISTRAR	SSIGNATI	Cread.

STATE OF MARYLAND

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	3.5	FOR STATE REGISTRAR		CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		, ,
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line I	30 S	ML Balt	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSIÓN) /N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	0. 1101	-21207
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completely filled in by the funeral-director,

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached far use as the burial-transit permit. Then please remave corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

1	1 -	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10.		
		CEASED NAME FIRST BEATR	PICE MIDDLE	ACK:	Somertley	20 DATE OF DEATH	MONTH D.	3 80	26. HOUR
	3. SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
1	7 01	Female	Negro	12	25 24	55	YRS.		
300		IRTHPLACE (STATE OR FOREIGN OUNTRY) MD	76 CITIZEN OF WHAT COUNTRY?		D MEVER MARRIED	9 BALTIMORE CITY C	170R		0.
0	10 C	ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURSIN	WIDOWE		12a. USUAL OCCUPAT		-	M OF BUSINESS OF
Confie	F	Baltimore /	MT. WILSON	(DORESS)	ON OTHER INSTITUTION	(TYPE OF WORK FOR MOST C		INDUSTRY	r BUSINESS OF
remust be	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136, COUN	other institution, give residence before ITY 13c. CITY OR TOWI Baltimo	N	13d. INSIDE CITY LIMITS? YES 🙀 NO 🗌	13e. STREET ADDRESS 1321 Wil	rton	Street	t
O (14. FA	ATHER'S NAME FIRST -	MIODLE LAST		IS. MOTHER'S MAIDEN NAM	MIDDLE		Gree	
Z	16a V	VAS DECEASED EVER IN U.S. AR. YES. NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		Shirley Sm	ith 5527		Oak A	ve.
notic event, the	-88	PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and	265	PIRATOR	7 FA12	URE	BETWEEN	mate interval onset and death
y, ar other traur		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D		bory t, we		IDITION GIVE	N IN PART 10	1,43
any injur	CERTIFICATION	HOME	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES,	WERE FINDIN	NGS USED
S S S	RTIFIC					YES NO NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
Hem 18 s		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA) 21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)	
arked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	NN 3	COUNTY	STATE
em 21 is mo		22a I certify that (I) this hospit saw the deceased dive on above, (I) well(did) did not 22b. SIGNATURE	o) ottended the deceased from		nd that in (my) (our) opinion of	deoth occurred on the d	ote and hour	and from the	
≝ = ::		nobite	t bought	4	ATTENDING PHYSICIAN	MEDICAL STA		5-1	3.80
MPORTA		1208 ERT	BORUSHOK, M	· B.	Thomas Lils	for Center,	m7.	w.180m.	Md 2111.
	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY Burial			emetery or crematory us Memorial	23d LOCATION / CITY OR TOWN	ore	CO	STATE
7	10.70	uneral director . C. March F	ADDRESS		250. DATE	AY 1 5 1980	25b. REGIT	AD'S SIGNAT	MD

STATE OF MARYLAND

DHMH - 16 50M 7/77 (VR A 15 (4))

		6-13-27		
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	* DSG1 OLYA			

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offier retained by the hospital or attending physician.

	STATE OF MARTLAND	400
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
STATE	CERTIFICATE OF DEATH	
DECUSTRAR	CERTIFICATE OF DEATH	DEC NO

CERTIFICATE OF DEATH		REG. NO.		27		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0	Û		35	U	d
STATE OF MAKILAND				- 17	350	

1		REGISTRAR			CERTIF	ICAIL OF DEAT	,,	REG. NO			
		EASED NAME	FIRST	MIDDLE	L	AST	2o. DAT	E OF DEATH M	ONTH DAY	YEAR	2b HOUR
	(ITE	R	OBERT	В	ŀ	ETTLEWE					11:55
	3 SEX		4	RACE	5. DATE C	DAY VE	EAD	(IN YEARS LAST BIRTH		UNDER 1 YEAR	HOURS MIN
		Male		White	Sep	t. 4, 19	21	58	YRS		
-1-		THPLACE (STATE O	R FOREIGN 7b.	CITIZEN OF WHAT CO	MARRIE	D NEVER MARRI	ED DA	IMORE CITY OR			
14	20 00	Ohio	E 4 7 11	USA NAME OF HOSPITAL	WIDOWE			TIMORE			F BUSINESS O
58	AL	TIMORE		SATINTCHIJOS	EPH "HOSF		(TYPE OF	work for most of	WORKING LIFE)	INDUSTRY	f-Emp.
equal S	130 S Mg	aryland	URSING HOME OR OT		OR TOWN	13d INSIDE CITY LIA	60:	eet address L Dunki	irk Ro	oad	
Scomine O	14 FA	THER'S NAME FIRST			ettlewel	15 MOTHER'S MAID FIRST Ver		Lucile		Sc	ott
		AS DECEASED EV		ED FORCES? 166 SOCI	IAL SECURITY NO.	17 INFORMANT		ADDRES	SS		
/		Yes	WW	II 280	16 1674	Mrs. M	arilyn	Kellle	well		Same IMATE INTERVAL ONSET AND DEATH
injury, or other troumotic e	NOI		immediate ating the use last.	DUE TO, OR AS A CC	CINOMA L		he terminal dis	sease or cond	ITION GIVEN	N IN PART 10	a)
2 Shows ony	CERTIFICATION	19a. DATE OF OPE	RATION	19b. CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	20a / YES	autopsy?			NGS USED S OF DEATH? NO
or Item 18 sh		210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY ME	CAUSE OF DEATH	HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJURY	OCCURRED (ENT	ER NATURE OF INJURY	IN ITEM 18, PAR	T I OR PART 2)	
rked or	MEDICAL	21d. INJURY OCC WHILE NO AT WORK AT	T WHILE WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		21f. LOCATION STREET		CITY OR TOW		COUNTY	STATE
n 21 is marked		abave, 💥 (we	(IX) this hospita eased all as e) (did)	n attended the decease May 1	ed from 80 Apr	nd that i X (🔻) (our)	opinion death oc	May 1		and from the	
T tem		275 SIGNATURE	4	die un))	ATTEN PHYSI	IDING MEDI ICIAN DIREC	CAL STAF	FIAN		11-88
MPORTANT		HERY		ANO,	MD	34. 9	osep H	1405 120	tal	05/	11/60
3		urial, crematic specify) Burial		23b. DATE 5/14/80	Dulan	ey Valle	у	LOCATION CITY OR TOWN	Co.,	OUNTY	Md.
	24 F	NERAL DIRECTOR	Henry	W. Jenk			250 DATE REC'D.	BY REGISTRAR	Sb. REGISTR	AR'S SIGNA	treedy

DHMH - 16 50M 1/76 (VR A 15 (4))

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4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX & AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR MONTHS DAYS HOURS 8 7a. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Itimore WIDOWEDIP DIVORCED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12m USUAL OCCUPATION 126 KIND OF BUSINESS OR IF NOT IN SUCH PACIETY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Aintina USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE Rockdale 1136 COUNTY 134 INSIDE CITY LIMITS? 13m STREET ADDRESS NO I YES 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) WW 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Sephic Conditions, if any, which gove rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 9 CERTIFICATION mcmi a 98 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28e AUTOPSY? 20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per YES [NOV YES [NO [8 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a I certify that (1) (this hospital) attended the deceased from , that (I) (we) lost sow the deceased alive on_ , and that in (my) (our) opinion death occurred on the date and have and from the couses stated obove, (I) (we) (did) (did not) view the body ofter death 226 SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF State D R.M. ShaL TO FUNERAL MPORTANT: PHYSICIAN [] DIRECTOR | PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be with the S 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Grove 24 FUNERAL DIRECTOR DHMH-16 25M (VRA 15, 4) 1/79

FOR - STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MIDDLE

2m DATE OF DEATH

REG. NO

MONTH

DAY

20

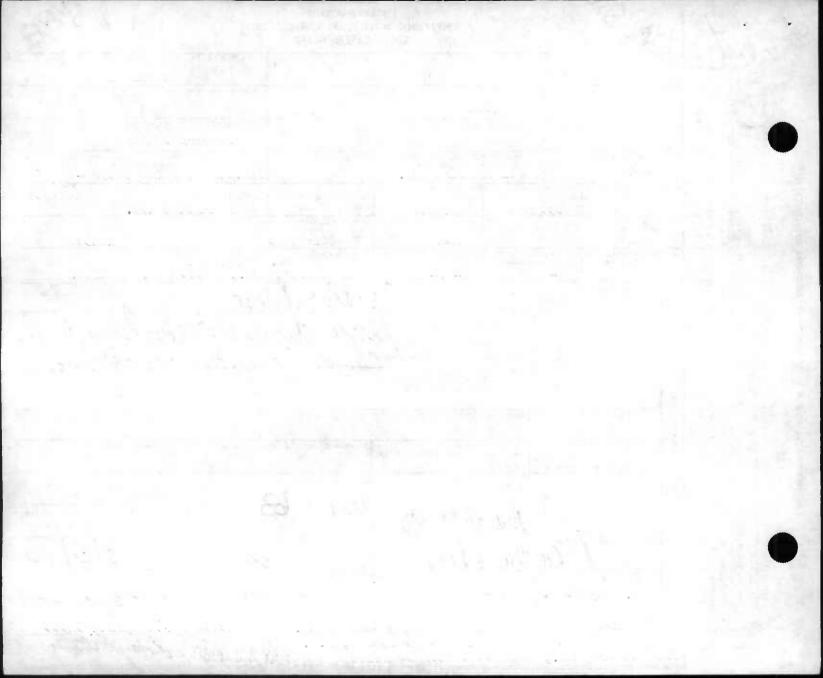
YEAR

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2h HOUR

Salar 188 8 ANN TO THE STATE OF

8. 4	1-	FOR STATE REGISTRAR		DEPARTA	AENT OF HEALT	MARYLAND H AND MENTAI FE OF DEATH		8 0 1	1	/ 0) 4
	1. DE	CEASED NAME FIRST		MIDDLE	LAST		2e	DATE OF DEATH MONTH	DAY	YEAR 2	2b. HOUR
th 3 be	(1111)	Harol	d	Elmer	King			May 2	21 .	1980	м
A-100	3. SE	(4 RACE		5. DATE OF BIR			GE (IN YEARS LAST BIRTHDAY)	# UNDI		IF UNDER 24 HRS
e e		Male	Who	ite	9	25° 191	0	69 YRS.	MONTHS	DAYS	HOURS MIN.
deatin 72 hou		RTHPLACE (STATE OR FOREIGN DUNTRY) PA	76. CITIZEN OF	WHAT COUNTRY?	MARRIEDXX WIDOWED	NEVER MARRIED	ο Ц	ALTIMORE CITY <u>or</u> count Baltimore Coun		ATH	MD.
urs after by the function of within		TY OR TOWN OF DEATH Rockdale		HOSPITAL, NURSIN ICH FACILITY, GIVESTREET Orchard Az		HER INSTITUTION	(TYP	USUAL OCCUPATION TE OF WORK FOR MOST OF WORKING TO SHOP INS	IFE) INC	DUSTRY	BUSINESS OR Donut
ithin 24 hours in the could be file	13a S	AL RESIDENCE (IF NURSING HOME STATE 136 CO MD Balt (THER'S NAME	OR OTHER INSTITUTION UNITY	n, give residence before 13c. CITY OR TOW Rockdale	N 13d I	INSIDE CITY LIMI	175? 130.	street ADDRESS 521 Orchard At			America
marry, ma		Ezra	WIDDIE	King	EB	Marga	ret	WIDDLE		Kautt	er
e be exern and con Pages 1.		VAS DECEASED EVER IN U.S. A res, no or unknown) (# yes, g NO -	ARMED FORCES? IVE WAR OR DATES)	166 SOCIAL SECU		nformant M 21 Orcha	Mrs. Pe urd Ave	earl King Baltimore	MD	2120	7
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 BIDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician and completely filled in by st the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the and Mental Hygiene prior to burial, cremation, or removal. The prior of them 18 shows any injury, or other traumatic event, the medical examiner must marked or Item.	NO	Conditions, if any, which gave rise to immediate couse (0), stating the underlying couse lost	SED BY: ATE CAUSE (0) DUE TO, (6) DUE TO, (6) (c)	OR AS A CONSEQUE OR AS A CONSEQUE	ENCE OF CH	MUCC MUCC MELATED TO THE	UNU WWW Cory E TERMINA	obstructure extur local DISEASE OR CONDITION G	LE LE	eeg d aklu	MELANDEATH
TAL RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONI	DITION FOR WHICH	OPERATION WA	S PERFORMED		IN CERT	ES, WERI	E FINDING CAUSES O	GS USED OF DEATH?
DIVISION OF VITA ENDING PHYSICIAN or attending physician. PR: After this certificate as the burial-transit peet that and Mental Hygin is marked or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF EITHER, NOTIFY MEDICAL EXAMIN	BEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR		CCURRED	ENTER NATURE OF INJURY IN ITEM 18	, PART I OF	PART 2)	
AVISION DING PH ttending After this s the burn th and M marked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F		LOCATION	10	CITY OR TOWN	COI	UNTY	STATE
AL OR ATTEN the hospital or a AL DIRECTOR: tached for use a re Dept. of Heal		220.1 certify that (1) (thin had sow the deceased alive abave, (1) (we) (die) (die 22b. SIGNATURE			o d tho	EE		to			
TO HOSPITAL retained by the TO FUNERAL should be detac with the State I		22 d. PHYSICIANYS NAME (TYPE	0	am)		ADDRESS	IAN DE	FDICAL STAFF RECTOR PHYSICIAN		5/2/	180
O FL O FL O FL		Dr. Rafael A	1. Perez					t Road, Randa	llst	own, N	1D 21133
F F F % 3 E	23a. E	URIAL, CREMATION, REMOVA	AL 23b. DATE			ERY OR CREMAT		3d. LOCATION CITY OF TOWN	COUNT	Y	STATE
1073BP		Burial	5/24/	30 Ch	rist Chu	rch Cem.	F_0	ountain Sprin	gs, S	chuyl	kill PA
DHMH-16 25M (VRA 15, 4) 1/79	87	INERAL DIRECTOR Lorin 28 Liberty Rd.	ng Byers , Randa	Funeral I Ustown, M	Director ND 2113.	s, P.A. 256	MAY 2	2 3 1980	TRAR'S	SACE.	Redg



FOR

REGISTRAR

FIRST

DECEASED NAME

- STATE

	(TYPE	JOH!	N	H.	KII	NHE	AR	MAY
X	3 SE	× Male	4	RACE Wh	ite	5 DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY
n 72 hours	7a. B	RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	BALTIMORECITY OR C
by the fur		TOWSON		MALT:	i Medical	Cent	or other institution cer	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO Retired Vice
should be fi	13a S	AL RESIDENCE (# NURS STATE aryland	136 COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW TOWSON	N	134 (NSIDE CITY LIM(TS? YES NO	13. STREET ADDRESS 710 Camber
and 2 sho	14. FA	William		DDLE I.	Kinnear		Florence	WIDDLE
Pages 1 at the me		VAS DECEASED EVER res, no or unknown) Yes	IN U.S. ARMI (# YES, GIVE W WW 1	AR OR DATES)	059-05-4		MrsJerome W.	Kinnear 1004
cate has been signed by the a tremowing the permit. Then please removigene prior to burial, crema 18 shows any injury, or othe	CERTIFICATION	Cere Sy.	nediate g the last.	ONDITIONS CO	TION FOR WHICH	COC	NOT RELATED TO THE TERM A A A A A A A A A A A A A A A A A A A	200 AUTOPSY? 21
JIRECTOR: After this certific ed for use as the burial trans ept. of Health and Mental H I Item 21 is marked or Item	MEDICAL CE		ANSEAR DEATH AFEXIMINER) RED AILLE (this hospital	21e PLACE (AT HOME, STR	M. MONTH DA M. OF INJURY RET, FACTORY, OFFICE, F. e deceased from	A 19 ARM, ETC.) ARM, ETC.)	211 LOCATION STREET A THE HOW INJURY OCCUR 19 10 The How Injury occur	CITY OR TOWN
TO FUNERAL D should be detach with the State Dr IMPORTANT: 11	23a E	224 PHYSCIAN'S NA	JAN	05 Kg			ATTENDING PHYSICIAN SE PHYSICIA	500 0 11
/H-16 25M 15, 4) 1/79		Burial UNERAL DIRECTOR NAME CK TOWS n 1	funera	5-17-1	ADDRESS10	50 Yo	IN MAN	E REC'D. BY REGISTRAR 256.

MIDDLE

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20 DATE OF DEATH MONTH 2b. HOUR IF UNDER I YEAR IF UNDER 24 HRS DAYS JNTY OF DEATH = CONNTY 12h. KIND OF BUSINESS OR NG LIFE) INDUSTRY Pres. C.J.Benson Circle Ohle Marleigh Circle APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH GIVEN IN PART 10 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [NO [M 18, PART 1 OR PART 2) COUNTY STATE _, that (I) (we) lost hour and Iram the causes stated 22c DATE/SIGNED

Maryland

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4	Brand
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 etained by the hospital ar ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directive should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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O HOSPITAL OR ATTENDING PHYSICIAN: The lo etoined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicis should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
000	O by

DHMH - 16 50M 1/76 (VR A 15 (4))

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CATHARINE T. KLEIN MAY 4, 1980	0
A SEX	HOUR
S. DATE OF BITH Minite	0:10 pt
Female White Dec. 15, 1906 73 YRS	UNDER 24 HRS
10 EITHPLACE _ISTATE OR FOREIGN 10 EITIZEN OF WHAT COUNTRY? 10 MARRIED NEVER MARRIED 10 MARRIED 10 MARRIED 10 MONCED 11 MARRIED 12 MONCED 12 MONCED 12 MONCED 12 MONCED 12 MONCED 13 M	OURS MIN
Maryland	
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION 170. WINDERLYING 170. WAS DECEASED EVER IN U.S. ARMED FORCES? 180. COUNTY 180. CO	ME
TOWSON SAINT JOSEPH HOSPITAL Homemaker USUAL RESIDENCE (IF NURSHOR HOME OR CHER HISPITION, ONE RESIDENCE SECRE ADMISSION) 134. INSIDE CHIT LIMITS? 135. STATE Maryland Baltimore Towson 14. FATHER'S NAME FIRST Paul DaCosta Taylor Maryland Tennessee Chil 15. MOTHER'S MAINE Paul DaCosta Taylor Maryland Tennessee Chil 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, ONE WAS OR DATES) NO 17. INFORMANT ADDRESS PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c): PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c): PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c): PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c): PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH IN OR TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate course lost (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH IN OR CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GRIVEN IN PART 1 to OSEO ATTIVITY OR CONTRIBUTING CAUSE OF DEATH IN OR CERTIFY ING CAUSES O YES DAG AUTOPSY? YES DAG AUTOPSY? IN OR CERTIFY ING CAUSES O YES DAG AUTOPSY? YES DAG A	JUSINESS OR
136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 8402 Charles Valley County 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. MATCH 16. MAS DECEASED EVER IN U.S. ARRED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 165. NO 17. INFORMANT ADDRESS 17. INFORMANT	
Maryland Baltimore Towson YES NO	
15. MOTHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Maryland Tennessee Chil	rt
The was deceased ever in u.s. armed forces? 16b social security no. 17 informant Address	
The title The	cote
NO 212-52-9909 Mrs. C. Dudley Albright 1008 Jamieso BAPROXIMO BAPROXI	
18 CAUSE OF DEATH Entre only one cause per line for (a), (b), ond (c) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Stroke, right middle cerebral artery distribution Conditions, if any, which gave rise to immediate cause 101, stating the underlying couse 101, or as a consequence of PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 200, IN CERTIFY ING CAUSES OR YES NO	n Road
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Stroke, right middle cerebral artery distribution DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause 101, stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Osteoarthritis 190. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBU	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0). Osteoarthritis 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OR CAUSES OF CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 210. INJURY OCCURRED WHILE ONT WHILE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. TO WHILE ONT WHILE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 212. Certify that W (this hospital) ottended the deceased from May 2 1980 , to May 4 1980 , the	ET AND DEATH
OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220-1 certify that % (this hospital) ottended the deceased from May 2 1980, to May 4 1980, the	
OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220-1 certify that % (this hospital) ottended the deceased from May 2 1980, to May 4 1980, the	S USED
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	F DEATH?
220-1 certify that M (this hospital) attended the deceased from May 2 , 1980 , to May 4 , 1980 , th	STATE
sow the deceased alive on May 4 19 80, and that in (%) (our) apinion death occurred an the date and hour and from the co above. W (we) (did) (300 kg) view the bady after death. 226. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 5 226. PHYSICIAN DIRECTOR PHYSICIAN 2 226. DATE SI 227. DATE SI 228. DATE SI 228. DATE SI 229. ADDRESS	
William Carl Ebeling, M.D. 7401 Osler Drive, Baltimore, MD 212	.04
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Burial 5/7/80 Lorraine Park Cemetery Baltimore Maryland 24 FUNERAL DIRECTOR ADDRESS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE.	

1980

Ruck Towson Funeral Home, Inc. 1050 York Road

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		MED	EPART ICAL	MENT OF H	EALTH AN	D MENTAL	HYGIENI OF DEA	THO	REG. NO	. 1	1	0	1
www.um.c		CEASED NAME OR PRINT)	E FIRST Mary		A.		Kleir	2.		20. DATE OF DEATH		05	25 ,	YEAR 19 80	26. HOUR
	3. SEX	emale	1. RACE White	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER			2c. DATE PRONOUN DEAD	ICED	MONTH 5	-25	YEAR - 80	2d. HOUR
THE PERSON	To. BI	RTHPLACE (S	TATE OR	76. CITIZEN OF WH	91 AT COUR			NEVER MAR	RIED	9. BALTIM	ORE CITY O			EATH	12 6W
AGE STEE	10. CI	Itimore	OF DEATH	U.S.A.	ILITY, GIVE :	JRSING HOME, (STITUTION	12a. USU FOR M	IAL OCCUP		OF WORK			
ETAN P.	ÚSUA 13a. S	TATE	(IF IN NURSING HOME	Augsburg OR OTHER INSTITUTION, GIV	RESIDENC	E BEFORE ADMISSION	13d. I	NSIDE CITY LIMITS?	13e, STRE	ET ADDRE				010	0.7
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HIN 24 HOURS IN ITEM 18. GI R ALONG WITH ISIT PERMIT. PA HYGIENE, DIVI		18. CAUSE OF PARTIDE	EATH WAS CAUSE	TE CAUSE (o) DUE TO, OR	or (9), (b	1/->>		ardio					APE	PROXIMATE	INTERVAL AND DEATH
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PENDING FE MEDICA SED AS A B HEALTH AP CREMATION	TION		GNIFICANT CONDITION	CONTRIBUTING TO OEATH B					PART 1 (a).						
SE EN P	CERTIFICATION	4	-17-81		ra	etich OPERA	Rt	. H	ip				Y	UTOPSY?	NO 🕝
NG THE WOOD THE WOOD THE WOOD BE SHOULD BE SHO	MEDICAL CE	UNDERLYING	OR OR	HOUR A.M.	MONTH	-13 1980	Pf.	tell	Tu.	10	fle	OOY	R1 2)	2,3	
THIS CEI WARDED PAGE 3 TATE DE	MEI	WHILE AT WORK	NOT WHILE I	STREET, FACTO	DRY, FARM,	ETC.)	STREET	7		CITY OR TO	WN	со	YTNU		STATE
EXAMINER: CERTIFICATE JLD BE FOR DIRECTOR: I WITH THE S ARYLAND, 2"		22a. I certi death result		ge of the remains desc	Accident		Autopsy L	Inspecti		Inquiry ermined mo		d in my op			
		ACTUAL SIGNATURE	Va	iredo	8	eur	M.D. 1	eputy	MEDI	ICAL EXAM		DATE	ED	- 26	-80
EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE, A	23e.BI	EXAMINER'S (TYPE OR PRI URIAL, CREMA	NAME CO	VRADO 23b. DATE		RRER NAME OF CEME		(E35	70 B	cation	mare			PcK	e
BP		Burial JNERAL DIREC	CTOR _	05.29.80		t Pauls			Vic E REC'D. BY	or town <u>Letvi</u> REGISTRA		Balti Balti	imore	e Cit	y Md.
(VR A15 ME (5)) 15M 7/77		**EOT11 8728	ig Byers Liberty	Funeral Rand	rect	town,Md	• • 2113	3 10	N 2	1980	prof	34/1	roll	rody	

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requires that the death certificate be executed within 24 hours after deal

TO HOSPITAL OX ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	11709				
(M)	1. DECEASED NAME FIRST (TYPE OR PRINT) HELEN	ALICE	KLEMM	05-03-80	. DAY YEAR 3:04PM				
W	J. SEX Female	White	S DATE OF BIRTH MONTH April 2, 1908	4. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
rol directory	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR CO	YRS. DUNTY OF DEATH				
within within	Maryland 10 CITY OR TOWN OF DEATH TOWS ON MD	USA 11. NAME OF HOSPITAL, NURS S POT IN SUCH OCSTE PRESIDE	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	BALTIMORE 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Clerk	12b. KIND OF BUSINESS OR				
filled in a ould be f	USUAL RESIDENCE (# NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION) WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4245 Cardwel					
ompletely 1 and 2 sh examiner		MIDDLE LAST	Simmons Cinia Wolford						
on and co	160. WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)		ADDRESS 11ty 4245 Cardy	Baltimore, Md. well Ave 21236 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
equires that the acoun certificate or signed by the attending physicia. Then please remove carbon papers to burial, cremation, ar removal injury, or other traumatic event, the	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	TE CAUSE (0) A CUTF (DUE TO, OP AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)	CARDIOPIII MONARY I	ASIS	ON GIVEN IN PART I(o)				
the low rection. The hos been sail permit given prior shows only and the prior of	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED	YES NOTES	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO				
renaing physical this certifical the burial-transing Mental Hydrogen and Mental Hydrog	OR CONTRIBUTING CAUSE OF DE LETTERS, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED WHILE NOT WHILE NOT WHILE CAUSE OF DE LETTERS	ATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN IT	COUNTY STATE				
AllENDING Prospital or other to the defor use as the offer the off	220 1 certify that (4+(this hasp sow the deceased alive or	ital) attended the deceased from May 3 198		to May 3 death occurred on the date or	nd hour and from the couses stated				
retained by the Proposition of State Diff Should be detach with the State Deg IMPORTANT. If he	224 PHYSICIAN'S NAME (TYPE OF		ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	g 573180				
Should be with the	230. BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE				
DHMH-16 20M (VRA 15, 4) 7/78	Purial 24 FUNERAL DIRECTOR NAME Dippel Brothers,	ADDRESS	Moreland Mem Park Co Baltimore, Md. Babai ir Rd. 21206	EREC B BY REGISTRAR 236 R					

STATE OF MARYLAND

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3. SE) 78. B1	FEMALE RTHPLACE (STATE OR FO	KATHE		DOLÉ	ı	AŠT		2a DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR	
76. BI	FEMALE RTHPLACE (STATE OR FO	4	RACE			KNAPP		05	25	80	3 40P	
10 CI	OUNTRY)		W		S DATE O		98 YEAR	AGE (IN YEARS 81	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
USU.	BALTO N ITY OR TOWN OF DEA BALTO	1D	US	HAT COUNTRY? DSPITAL, NURSIN FACILITY, GIVE STREET ER BALT	MARRIE WIDOWE NG HOME O ADDRESS)	R OTHER INS	VORCED	BALTO MD CO			MD. DF BUSINESS OR	
Ma	AL RESIDENCE (IF NURS STATE Aryland	136 COUNTY	THER INSTITUTION, G	INE RESIDENCE BEFORE 36. CITY OR TOW COWSON	E ADMISSION)	131. INSIDE C	ITY LIMITS?	302 E J	RESS	21204		
G IA FA	Joseph	MID	DOLE	Bauer		Anr	S MAIDEN NA FIRST 12		DDLE	Klie	n	
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARME		50 SOCIAL SECT		Thelma			E Jopp	2120 a Rd Apt	T .	
CERTIFICATION	PART 2 OTHER SIGN D 190 DATE OF OPERAT	M. AN	ND PER	NTRIBUTING TO PHERAL ON FOR WHICH	. VAS	CULAR	DISEA		2 20b. IF	GIVEN IN PART 1(YES, WERE FINDIN RTIFYING CAUSES	NGS USED	
	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	21b. TIME OF HOUR A.M P.M	. MONTH D	AY YEAR	21c HOW IN	JURY OCCUR	YES NO		YES 🗌	но 🗍	
MEDICAL	214. INJURY OCCURR WHILE NOT WH AT WORK AT WOR		216 PLACE OF	F INJURY T, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCATK STREET	N	CIT	ORTOWN	COUNTY	STATE	
7	22a I certify that (I) saw the decease above, (I) (we) Id 27b. SIGNATUR 22d. PHYSICIAN'S NA DR BASEI	d alive on alid) (did not)	RINT)			DEGREE A	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [hour and fram the	25 80	
(5	URIAL, CREMATION, I SPECIFY) Burial JNERAL DIRECTOR	REMOVAL	23b. DATE 5-28-8			emetery or o	rial Par	73d LOCATIO CITY OR TOV	nore	COUNTY	STATE Maryl	

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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀

REG. NO

7h HOUR

HOURS

17b. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

IF UNDER 24 HRS

IF UNDER LYEAR

INDUSTRY

UNKNOWN

COUNTY

22c. DATE/SIGNED

CERTIFICATE OF DEATH

LAST

FOR

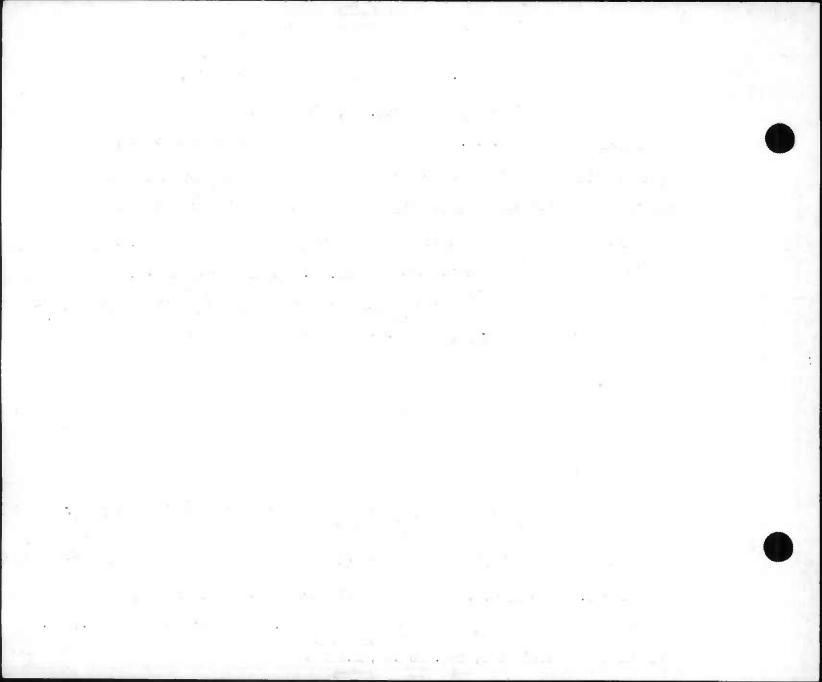
REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 20M

(VRA 15, 4) 7/78

- STATE



TO HOSPITAL OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea retained by the hospital or attending physician.

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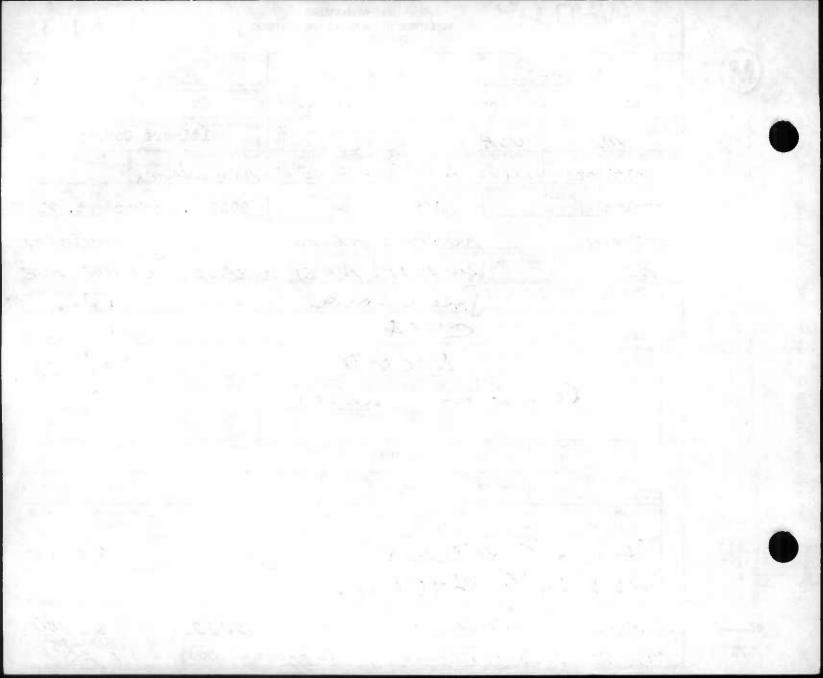
DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directo should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours aft with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once

must be notified at once.

		FOR STATE REGISTRAR		CERTIL	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		7	1 3	
		CEASED NAME FIRST	MIDDLE	120	IRPLSZ	20 DATE OF DEATH	AY 23	1980	26. HOUR 35	
	3 SEX	1/11-11-	4 RACE Cau	S DATE (6 AGE (IN YEARS LAST BIRT	YRS	DER I YEAR	IF UNDER 24 HRS HOURS MIN	
1	7a. Bil	RTHPLACE (STATE OR FOREIGN DUNTRY)	TO CITIZEN OF WHAT COUNTRY	? A MARRIE WIDOW	ED NEVER MARRIED 1	Baltimore County				
		TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE PERRING PKW	ADDRESS)	SG HOME	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) IN	Ib. KIND C NDUSTRY	OF BUSINESS OR	
	13e. S M:	aryland 2001	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 136. CITY OR TO Cit	WN	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 2029 E.	Lomba	rd S	t. 2123	
)	IL FA	PNTHONY	MIDDLE LAST	PISZ	IS MOTHER'S MAIDEN NAME FIRST	WE	W	150	EWSKI	
	lás W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 220-03	URITY NO.	IT INFORMANT ALFRED	KORPISZ	SS 4 N.			
	z	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost	DUE TO, OR AS A CONSEQ (c) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	UFNICE OF	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	14	CONSTRUCTION OF STATE	
	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICE	H OPERATIO		200 AUTOPSY?	206. IF YES, WE IN CERTIFYING YES			
	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEP (IF EITHER, NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	HOUR A.M. MONTH	19	216 HOW INJURY OCCUR!	CITY OR TOY		OR PART 2)	STATE	
		220.1 certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no	ital) attended the deceased from 19. it) yiew the body after death.			, to death accurred on the de	ate and hour and	from the		
		226 SIGNATURE (O	(Viti	c. 01	ATTENDING PHYSICIAN	MEDICAL STAI	FF	22t. DATE	23/80°	
		220. PHYSICIAN'S NAME (TYPE)	PRINT, VAT	210	220 ADDRESS					
	(5)	CURIAL, CREMATION, REMOVAL	5-27-80 236	NAME OF C	ROSARU	23d LOCATION CITY OF TOWN	COUP		MD.	
	24 FU	INERAL DIRECTOR NAME ONE M. U.E.	SEP GORES	iac.	Chiefe M	TREC'D. BY REGISTRAN	25b. REGISTRAT	SICHAL	Mereody	



and

FOR

REGISTRAR

FIRST

GEORGE

136 COUNTY

MIDDLE

4 RACE

DECEASED NAME

MALE

ARBUTUS

MARYLAND

4. FATHER'S NAME FIRST

COUNTRY

13e STATE

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FUNERAL State

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DHMH-16 25M (VRA 15, 4) 1/79 Je BIRTHPLACE ISTATE OR FOREIGN

MARYLAND

10 CITY OR TOWN OF DEATH

HOWARD

PART I DEATH WAS CAUSED BY

NOT WHILE

Canditions, if any, which gave rise to immediate cause (a), stating the

underlying couse lost

(YES, NO OR UNKNOWN)

- STATE

(TYPE OR PRINT)

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 CERTIFICATE OF DEATH REG. NO LAST MIDDLE 2e DATE OF DEATH MONTH DAY YEAR 2b. HOUR KRAMMER 24 80 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH CAY YEAR WHTTE 12 05 03 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE COUNTY U.S.A. WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1265 MAPLE AVENUE YARD WORK steel corp USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e. STREET ADDRESS 1134 INSIDE CITY LIMITS? 1265 MAPLE AVENUE. BALTIMORE ARBUTUS NO X YES T 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE LAST KRAMMER MARY UNKNOWN ADDRESS & WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 214-01-4017 HELEN KRAMMER 1265 MAPLE AVENUE, 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ics. IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF 20s AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD NO [YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) YEAR P.M 19

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY

AT WORK AT WORK 22a I certify that (1) (this haspital) attended the deceased fram au 231980 ., and that in (mg) (our) apinion death occurred an the date and haur and from the couses stated saw the deceased alive an_

obave, () (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

> 5825 MAIN STREET. ELKRIDGE. MARYLAND

PHYSICIAN PIRECTOR PHYSICIAN

BRUCE BRUMBAUGH, M.D. 236 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN (SPECIFY) MARYLAND

05-27-80 LOUDON PARK BALTIMORE CITY CREMATION 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 756 HELISTRAR'S S 21229 ADORESS

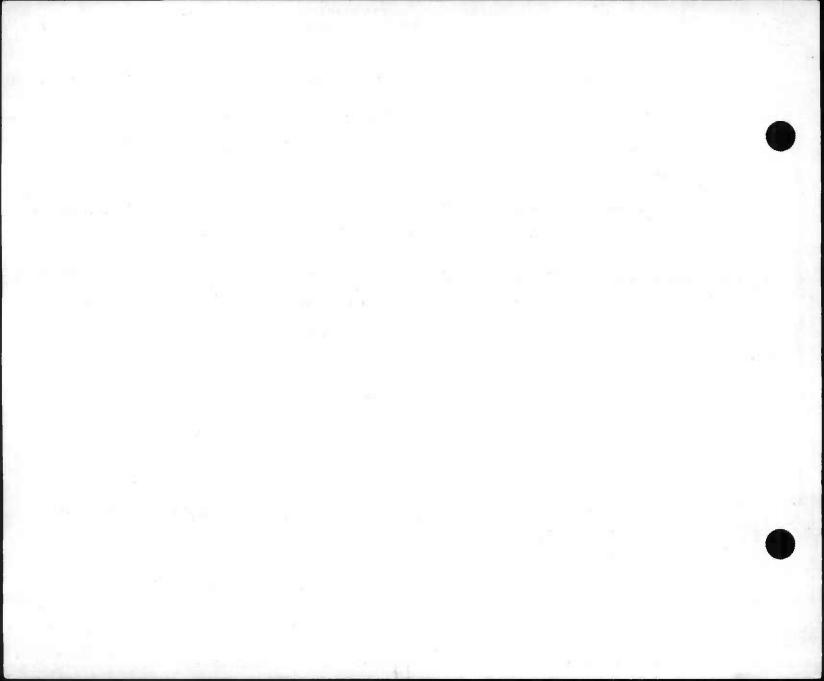
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

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		1 -	FOR STATE			DEP		EALTH AND MENTAL HYG	IENE S ()		1	1 3
			REGISTRAR				77.00	ICATE OF DEATH	REG. NO			
n 04/	73		DE ASED NAME OR PRINT)	FIRST	MI	DDIE	l.	AST	2e DATE OF DEATH	MONTH DAY		26. HOUR /1 32
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		3 SEX		4. F	RACE		5. DATE C		& AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN
Page 4 : drrector, hours aft			temale		White		_5	16/99	81	YRS		
	S Zace	7e. Bil	RTHPLACE (STATE OR FORE	IGN 76	CITIZEN OF W	HAT COUN	TRY?	NEVER MARRIED	BALTIMORE CITY O	R COUNTY O	OF DEATH	
dearn funeral thin 72	35		Maryland		USA		WIDOWE	D DIVORCED	Balt	imor	-e (O MD.
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0 = 0	be pe	USUA 13a S	L RESIDENCE IN NURSING	HOME OR OTH	ER INSTITUTION, C	INE RESIDENCE		134 INSIDE CITY LIMITS?	IN. SIREELANDRESS		Per	rv Hall.
oted within 24 h	25		aryland	Balti	more	-		YES NO X	134536530PF65r	ge Rd	· Md ·	ry Hall,
afer year 1	June	14. FA	THER'S NAME	MIDO	NIE.	1455		15 MOTHER'S MAIDEN NAM	ΛE			
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d co	0 /	160 V	AS DECEASED EVER IN	U.S. ARMEI		ISS SOCIAL	SECURITY NO	17 INFORMANT	ADDRE	SS		
Pog e	medical	N		F 1ES, GIVE WA	RORDATES)	214-3	34-4447	Doris Kra	ft. dghtr	. sa	me ad	dress
ite b	‡		18 CAUSE OF DEATH	Enter only o	ne couse per l	ine for (a), (b	ond (ct.)	^	1			MATE INTERVAL
inficate physic npape moval.	event, the		PART I. DEATH WA	S CAUSED B	Y	CARD	10 VASC	clar Acci	dent			
nding corbo	fic e	- 1	14000	MEDIATE		45 A CONS	EQUENCE OF					
ttene ve cc	traumatic		Conditions, if any,	vhich (DUE 10, OK	6 2	OP & TE	15/02				
the a			gove rise to imme	diate	10)	0	EQUENCE OF					
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w re) I	ATI	190 DATE OF OPERATE	N	196 CONDIT	ION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, 1	WERE FINDIN	GS USED
has per per	Smc L	LIFK					-		YES T NOW	YES	NG CAUSES	OF DEATH?
ysicire considerate	8 G	CERTIFICATION	210. ACCIDENT WAS UNDER		216 TIME OF			21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18, PAR	T I OR PART 2)	
Clar physician p			OR CONTRIBUTING CAL		HOUR A.M		DAY YEAR					
HYSI Iding	or Hem	MEDICAL	214 INJURY OCCURRE		21e PLACE O	FINJURY		211 LOCATION STREET				
G Py atter	ked	¥	WHILE NOT WHILE AT WORK		(AT HOME, STRE	ET, FACTORY_O	EFICE, FARM, ETC)	ZIMEEL	CITY OR TOW	IN	COUNTY	STATE
Se of the	uo H		220 L certify that 44-44	his hospital)	attended the	decepsed fr	om	125/ 1979		22/19	801,1	that Aff (we) lost
TEN or to of H	21 15		saw the deceased	alive on 4	:30 pm	5/22/	· · · /	d that in the (our) apinion o	death occurred on the de	ate and hour c	and from the c	ouses stated
e hasp DIRECT ached fo	E		obove, # (we) (dic 22b. SIGNATURE	I) (ala not) vi	lew the body o	iter death.		DEGREE			22c. DATE S	SIGNED
. 4	±		W	Store	from 1	.9-		MD ATTENDING PHYSICIAN N	MEDICAL STAI		51	22/80.
HOSPITAL med by th FUNERAL uld be dete	Z -		224. PHYSICIAN'S NAM	E TYPE OR PRI	INT)			22e ADDRESS	DIRECTOR PHISIC	0 1	411	700
FO MOSPITA etained by TO FUNERA should be d	MPORTANT		KHIN	·M.	TU,	N.		2110 DOT	Spring,	Kead	, ma	21093.
5 등 5 층 ž	₹	23o B	URIAL, CREMATION, RE	MOVAL I	3b. DATE		23c NAME OF C	EMETERY OR CREMATORY	1234 LOCATION			
BP		- (3	Burial		5/26/			s of Faith	CITY OR TOWN		more.	STATE
			Schimun el	r Press		00	OF DOL	air Road ²⁵⁰ DATE	REC'D, BY REGISTRAR	25b. REGISTR/	AR'S SIGNATU	JŘE
DHMH-16 2 (VRA 15, 4)	7/78		Home Inc	run	erat	フハ Po	1+0 M	d.21236 MA	Y 2 3 1980	hints	what	Same
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DHMH-16 25M

(VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

traumatic event,

other

injury, or

IMPORTANT: If Item 21 is marked or Item 18 shows

CERTIFICATION

MEDICAL

FOR - STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

COUNTRY MARYLAND 10 CITY OR TOWN OF DEATH TOWSON

MD

14 FATHER'S NAME FIRST WILLIAM 160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) NO

FEMALE 7a. BIRTHPLACE (STATE OR FOREIGN

USUAL RESIDENCE | IF NURSING HOME

II. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU

Conditions, if ony, which

gove rise to immediate cause (a), stating the

underlying cause lost. PART 2 OTHER SIGNIFICAN

190 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

I IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED

22a. L certify that (I) (this has

3 SEX

page 3

m.by

R LTE GISTRAR			DEPARTA	AENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	0 0	EG. NO.	1	17	1 6	
ED NAME	FIRST		MIDDLE	1.114	AST	20 DATE OF DE	ATH MO		DAY YEAR	2b. HOUR	
	MAR		R.	KR	AUTER			5 2	22 80	12:27	
		4 RACE		5 DATE C		6 AGE IN YEARS	LAST BIRTHD		F UNDER 1 YEAR		
EMALE		WHIT	£	AUG.	9, 1897	8	2	YRS.			
LACE (STATE OR Y) RYLAND	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	BALT			OFDEATH		
NSON 11. NAME OF HOSPITAL, NURSING HO GIFNOTIN SUCH FACILITY, GIVE STREET ADDRESS. GBMC-6701 N				G HOME C					126 KIND OF BUSINESS OR		
)	136 COUP		GIVE RESIDENCE BEFORE 134. CITY OR TOWN		134 INSIDE CITY LIMITS?	134 STREET ADD SHAWAN		cocoi	KEYSVII	LLE, MD.	
FIRST WILLIA		MIDDLE	ROES		15. MOTHER'S MAIDEN NAV		ODLE		KAI	LB	
DECEASED EVE OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 215-01-96		MASONIC HOMES OF MD. COCKEYSVILLE, MD.						
nditions, if on the rise to in the state of	was Cause IMMEDIAT y, which imediate ing the	D BY: TE CAUSE (0) DUE TO, O	CARDIOG	NCE OF	SHOCK					XIMATE INTERVAL LOMSET AND DEATH	
T 2 OTHER SIC	SNIFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF	CONDIT	ION GIV	EN IN PART 1	(0)	
ATE OF OPER	ATION	1% COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		CERTIF	, WERE FIND YING CAUSE S	INGS USED S OF DEATH?	
ACCIDENT WAS UI ONTRIBUTING [] ITHER, NOTIFY MEDI	CAUSE OF DE	1.01.0	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED JENTER NATURE	OF INJURY IN	ITEM 18, P	ART 1 OR PART 2)		
INJURY OCCUI	WHILE [21e PLACE	OF INJURY SEET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CIT	OR TOWN		COUNTY	STATE	
ow the deces attrace. It goes SIGNATIONE	sed alive an	5-22 Fixew the body	e deceased from 19 8	-	AA-	. to	STAFF		r and from the	that (I) (we) for ecouses stated	
PHESICIAN'S N	AME (TIPE O	e menor)			22e ADDRESS						

VICTOR CHELOLEIBER, M.D. 23a. BURI ISPEC

GBMC-6701 N. CHARLES ST.

230. BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL	MAY 23,1980	BALTIMORE		CITY OF TOWN	COUNTY	MD .
24 FUNERAL DIRECTOR NAME MTTCHFTI _WTFDFFFT	D HOME 6500	SS PODE DD	250	DATE REC'D BY REGISTRAR	25h. REGISTRAR'S SIGN	ATURE 4

ADDRESS MITCHELL-WIEDEFELD HOME 6500 YORK RD. KROUTER . 1130M

BALTIMORE COUNTY

22 Up 12:27A

TOVSON GENC-6701 M. LOHARLES ST.

CISHOL-9565 TO MASSAGE TRANSFOR NO. C CIET VILLE,

CARDIOGENIC SHOCK

. I.M BTUGA

VICTOR CHELOLEISER, M.D. SBMC-6701 M. CHAPLES ST.

10	to	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	FIENE 8 0	1
	(M)	1. DECEASED NAME FIRST (TYPE OR PRINT) FRANK	L. KUEEL	ER SR	MAY 27, 098	
	age 4 m ector, rs afte a	3. SEX	4 RACE	S. DATE OF BIRTH MONTH 7/8/9797 VEAR	a rioe (pritemother aminom)	UNDER 1 YEAR
	death. P. 72 hour	TR BIRTHPLACE (STATE OR FOREIGN COUNTRY)	IN CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO. COUNTY	
5	by the fu	ESSET	11. NAME OF HOSPITAL, NURS IN NOT IN SUCH FACILITY, GIVE STREE 1909 E AST		12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12h KIND O INDUSTRY
ND 212	filled in uld be fill	USUAL RESIDENCE (# NURSING HOME OF 136, STATE 136, COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JINTY 13c. CITY OR TO BALTO ESSA	ORE ADMISSION) WN 13d INSIDE CITY LIMITS? YES NO D	13R STREET ADDRESS EAST	ERN
MARYL	mpletely and 2 should should be shou	14 FATHER'S NAME FIRST LAWRENCE	MODIE KUEGL	15. MOTHER'S MAIDEN NA	ME MIDDLE	IAS
IMORE,	n and con Pages 1 a	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS AJDEL 1989	
T., BALT	certificate 3 physicia 7 papers. removal.	PART I. DEATH WAS CAUS	only one couse per line for (01, (b1, o)) ED BY: ATE CAUSE (a)	for tatie	al line	BETWEEN O
STONS	e death (sttending e carbor tion, or traume	Conditions, if ony, which	DUE TO, OR AS A CONSEO	UENCE OF		0
Y. PR	y the stremo	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF		74.1

1N6 APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH underlying cause TO FUNERAL DIRECTOR: After this certificate has been signed t should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial PART 2 OTHER SIGNATION CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION shows 19a DATE OF OPERATION 20R AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [marked or Item 18 218 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 71e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 22s I certify that (I) (this hospital) attended the deceased from that (In (we) last MPORTANT: If Item 21 , and that in my (our) opinion death occurred in the date and have and from the causes stated The body after death. 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN THE HYSICIAN SOLAME (TYPE OR PRINT) 27e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE MD. REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-16 25M** ADDRESS 300 (VRA 15, 4) 1/79

Zh. HOUR

HOURS

12h. KIND OF BUSINESS OR

AIR CRAFT

IF UNDER 24 HRS

MD

THAT CORRELATE ST PORTS 3.3 PLY COM CHARLES COME CO. 2012 CH3 B261 B5503 1 7 17 17 17 AND INTERPORTED FOR THE PARTY OF THE PARTY O Experience to herefore here and the sound of Marien & Edd And Lotte And Lotte & Little & Marie Lotte & Little & Stand was a company of the company of the 300 150 BELL 300 11866 ond completely filled in by the

ned by the attending physician and a please remove carbanpapers. Pages

1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENB U	n	1	8
	CEASED NAME	FIRST	,	MIOOLE		LAST	20 DATE OF DEATH	MONTH (DAY YEAR	2b. HOUR
	J0I		G. I		LAC	CEY	MAY 28	3. 198	0	3:23p
3. SEX			4 RACE		5 DATE (6 AGE IN YEARS LAST BIR		MONTHS DAYS	1 YEAR IF UNDER 24 HRS DAYS HOURS MIN
1	M		. 1	V		e 2, 1898	81	YRS		
	RTHPLACE (STATE OR F	OREIGN	16 CITIZEN OF	what country? A	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BALTIMO	_		M
10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN	IG HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OF
	TOWSON		SAINT	JOSEPH F		rat.	Ass t Seci			Bank
USU A 13a S	AL RESIDENCE (IF NUR	13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO			13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS 334 B S1	on Ln.		
14. FA	THER'S NAME FIRST		Lacey	LAST		15. MOTHER'S MAIDEN NA/ FIRST Clar	a Dreyer		ŁA	S [†]
léa W	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR YES)			166 SOCIAL SECU 214 38 8		Mrs. Elizabe	th K. Lacey		B Stev	renson I
	18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSE		line for (a), (b) an		ardial Inf	anction		BETWEEN 3	ONSET AND DEATH
	410 - Conditions, if any		DUE TO, O	r as a conseoui	,	0				
	gave rise to im cause (0), stati underlying cause	ng the	DUE TO, O	r as a conseoul	ENCE OF					
z	PART 2. OTHER SIG	NIFICANTO	ONDITIONS CO	ontributing to i	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PART 1	a)
CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDI	
	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	110110	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 1B, P	ART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCUR	HILE [21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	22a. I certify that	(this haspr sed alive on did) (Adha	tal) attended the May 28	e deceased from		25 , 19 <u>80</u> nd that in ((4) (aur) apinion (, to May 2 death occurred on the d			that X (we) los causes stated

should be detoched for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO FUNERAL DIRECTOR: After this certificate has been OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician IMPORTANT: If He TO HOSPITAL DHMH - 16 50M 1/76 (VR A 15 (4))

Burial

7600 OSLER DR

22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL STAFF Towson

23b DATE 5/31/80 230. BURFAL, CREMATION, REMOVAL (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.

23d LOCATION CHY BATTIMORE, Md.

STATE

24 FUNERAL DIRECTOR
NAME
MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd. ATURE THE COLUMN TENER OF THE PERSON OF THE

STATE OF MARYLAND

FOR - STATE

3 5

160.

and 2 should be completely filled

corbon popers. Poges 1

injury, or other troumotic event, the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

173	1	- 1
1.3	- 1	- 1
-		7

12b. KIND OF BUSINESS OR STEEL MFGR.

APPROXIMATE INTERVAL Gradua 1

5 - 30 M

MIN

REGISTRAR						REG.	NO.				
DECEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR		
(TYPE OR PRINT)	TEUDO	RI (N	MI) LAM	MINEN		MAY 14	1980		F . 20		
SEX		4 RACE	iii) Lieu	5. DATE C		6 AGE (IN YEARS LAST		F UNDER I YEAR	5 - 30 IF UNDER 24 H		
MALE		WHI	TE	4/	27/1893 YEAR	87	YRS	ONTHS DAYS	HOURS MI		
O. BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH			
FINLAND		U.S.F	A .	WIDOWE	_	BALTIMO	RE COUNT	ΓY			
FULLERTON	DEATH		HOSPITAL, NURSIN THE FACILITY, GIVE STREET, WHITE MAI		OR OTHER INSTITUTION	12a USUAL OCCUP. (TYPE OF WORK FOR MOS COLD STR	ST OF WORKING LIFE)	INDUSTRY	F BUSINESS		
USUAL RESIDENCE (IF	13b. COU	NTY	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRES	is		01007		
MARYLAND	BA	LTO.	FULLERTO	ON	YES NO A	4600 WHI	TE MARSI	d RD.	21237		
4 FATHER'S NAME PIRST MATT		MIDDLE LAN	MINEÑ		15 MOTHER'S MAIDEN NAM	AE MIDDLE		UNKNO	WN		
6e. WAS DECEASED E			16h SOCIAL SECU	RITY NO.	17 INFORMANT	ADI	DRESS				
NO OR UNKNOW	V) [IF YES, GIV	VE WAR OR DATES)	218.09.0	529A	TOINI KOSKINI	ENSAME	AS 13e				
gove rise to couse (a),	DOL TO, OK AS A COLISE GOLLINCE OF										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
190 DATE OF OF	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO	IN CERTIFY	WERE FINDIN			
OR COLUMNICATION	CAUSE OF DE	AIH	DF INJURY M. MONTH DA M.	YEAR	21¢ HOW INJURY OCCURE	ED (ENTER NATURE OF II	NJURY IN ITEM 18, PAR	T 1 OR PART 2}			
CIFETHER, NOTIFY. 21d INJURY OC WHILE AT WORK	CURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE		
22a. I certify the	of (I) (Hais-nosp	nAr	e deceosed from_ oril_309_	0.0	rch , 19 /	toMay			that (I) (we)		
22b. SIGNATUR		ot) view the body	otter deoth.	37 -	DEGREE ATTENDING PHYSICIAN X	MEDICAL S DIRECTOR PHY	TAFF SICIAN []	22c. DATE 5/15	SIGNED 5/1980		
22d. PHYSICIAN	'S NOME (TYPE	OR PRINT)			22e. ADDRESS						

24 FUNERAL DIRECTOR

should be detoched for use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

morked or Item 18 she

MPORTANT: If Item 21 is

After this certificate has been

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

CREMATION 23b. DATE 5/15/1980

S,J, LIU, M,D,

23c. NAME OF GEMETERY OR CREMATORY GREEN MOUNT CEMETERY 23d LOCATION
BALTIMORE

1900 E. NORTHERN PKWY., BALTO., MD. 21239

MARYLAND

that (I) (we) lost

250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S WALTER BROOKS BRADLEY INC., DUNDALK, MARYLAND

Carcinoma of right lune with metastasis 3 Months
Arterioseleratic cardiovascular disease 9 Years

Serie 20 10 70 70 70 70 50

Ruck Towson Funeral Home, Inc. Towson, Maryland

FOR

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

2h HOUR

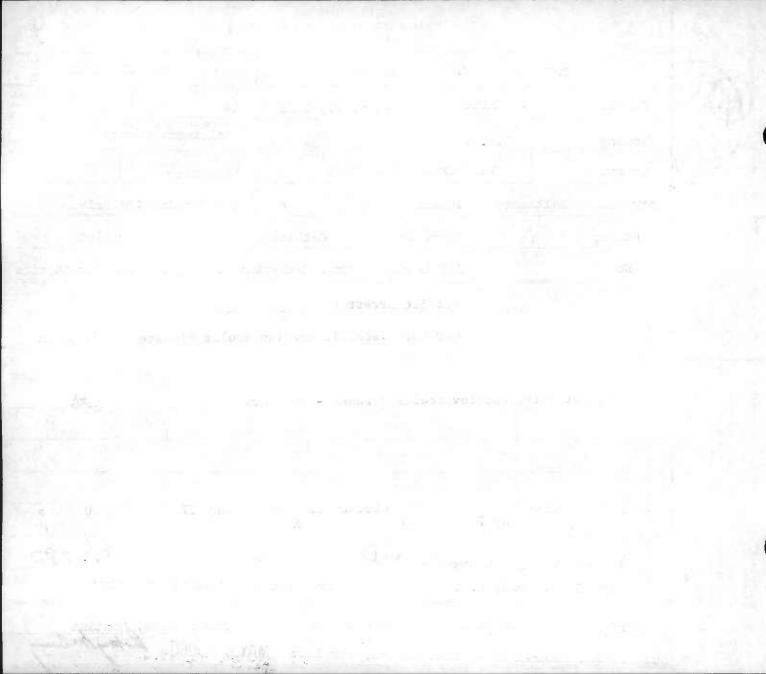
HOURS

STATE

STATE

2n DATE OF DEATH

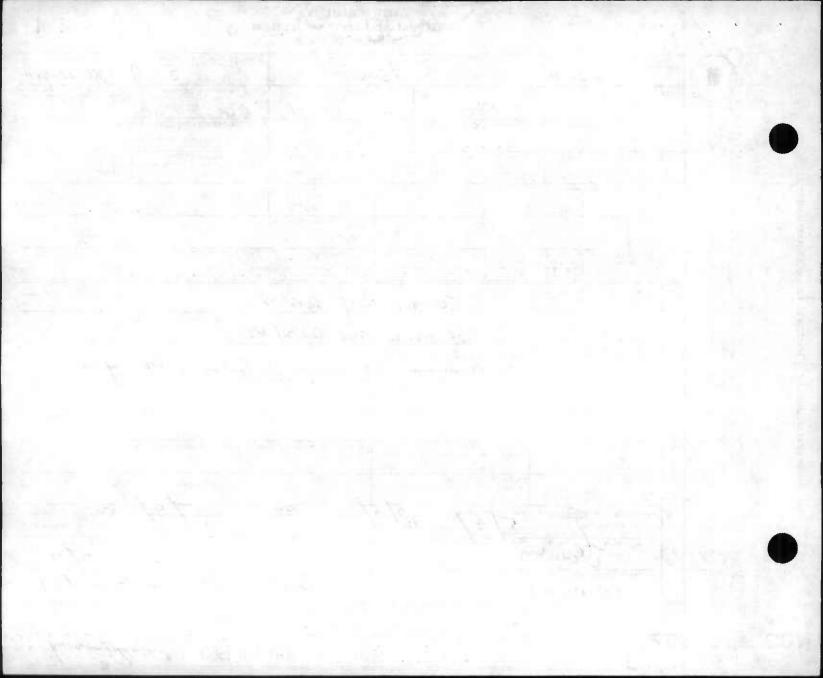
1050 York Road 1250 DATE REC'D, BY REGISTRAR 1256. REC. TOWSON. Maryland MAY 2 8 1980



TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retained by the hospital or attending physician.

Page 4 may be

- 5	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 0 1 1 7 2 1
1	I DECEASED NAME FIRST	MIDDLE LAST LASOV	26 DATE OF DEATH MONTH DAY YEAR 26. HOUR
2年 M)	Leon	LOSOV.	5 9 /950 12-48 PM
rs afte	M ALE .	S DATE OF BIRTH MONTH DAY YEAR 4 17 16	6. AGE (IN YEARS LAST BIRTHDAY) F UNDER 1 YEAR F UNDER 24 HIS
2 hou	COUNTRY)	CITIZEN OF WHAT COUNTRY?	BALTIMORE CITY OR COUNTY OF DEATH
he fune Jithin 7	PENNSYLVANIA	U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE SIRRET ADDRESS)	BALTIMORE COUNTY 120 USUAL OCCUPATION 112h, KIND OF BUSINESS OR 117PE OF WORK FOR MOST OF WORKING LIFE) 11NDUSTRY
by a led w		BALTIM ORE COUNTY GENERAL HOSPITAL	CHAUFFEUR TAXI CABS
filled in uld be fill	MARYLAND BALT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 134. CITY OR TOWN IMORE BALTIMORE YES NO KX	13. STREET ADDRESS 4621 DEBLIN CIR., APT. C #2120
and 2 should a should be s	14 FATHER'S NAME FIRST BENJAMIN	LASOV IS MOTHER'S MAIDEN NAME FIRST FRIEDA	FROHMAN
Pages 1 and co	160 WAS DECEASED EVER IN U.S. ARA 1985, NO OR UNKNOWN) IF YES, GNEY YES WW II	MED FORCES? IN SOCIAL SECURITY NO 17 INFORMANMES. F. ARMY 215-12-5648 4621 DEBILEN	
en signed by the attending in the please remove carbon r to burial, cremation, or reny injury, or other traumat		DUE TO, OR AS A CONSEQUENCE OF aut. Sephil DUE TO, OR AS A CONSEQUENCE OF (c) anaering, ch. hympwys	The Lewbacura, Herry his.
permit. Tiene prio	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YESNO YESNO
hysician. certificat transit paral ntal Hygi Item 18	OR CONTRIBUTION CAUSE OF OF A	COLOR A LA LACOUTTA DE LA MELO	ED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)
After this the buria h and Men	THE FITHER, NOTIFY MEDICAL EXAMINER) 21d. (NJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 4 HALE NOTIFY MEDICAL EXAMINER)	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR LOWN COUNTY STATE
pital or at RECTOR: / for use as t. of Healti tem 21 is n	220.1 certify that (It (This hospital saw the deceased alive an abave, (I) (we) (glid) (did not) view the vody after death. 19 80 , and that in (my) (aur) apinian of	death occurred an the Bate and haur and fram the causes stated
y the hos RAL DIF detached tate Dep tate Dep	226. SIGNATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 57 9
retained by TO FUNER should be d with the St IMPORTA	22d. PHYSICIAN'S NAME (TYPE OR SRINIVA	J Ball	luin County Gen 4 of.
BP	230 BURIAL, CRÉMATION, REMOVAL (SPECIFY) BURIAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY BNAI ISRAEL CONG.	134. LOCATION COUNTY STATE BALTIMORE MD
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR SOL L. NAME 6010 REISTE	EVINSON & BROS., INC. RSTOWN RD., BALTO., MD 21215	LECO. BY REGISTRAN 256. REGISTBAR'S SULVAYORE LY



BURIAL 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

FOR STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

3. SEX

ROBERT

4 RA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 0 1 7 2 2
MIDDLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
M. LEE	May 17.1980 3:10PM
S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
HITZ MARCH 21 1903	MONTHS DAYS HOURS MIN
TIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY OF DEATH BALTIMORE COUNTY MD
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ST. JOSEPH HOSPITAL	PAINTER BL. MARTIN
INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS YES NOTHER'S MAIDEN NAMED IN MAINTENAME TO THE PROPERTY OF THE PROPERTY	130 STREET ADDRESS APID LINGARDRE AVE
LAST ROSA	MAY EBAUGH
ORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
212 10 9964 FAMILY	RECORDS
couse per line for (a), (b), ShEIVERE MPHYSEMA	AND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
USE (0) Seler Grugery S	ema y
DUE TO, OR AS A CONSCHERANT C OBSTRUCTI	E PULMONARY
(b) Worne 1/XV	structive -
DUE TO, OR AS A CONSEQUENCE OF Pulminar	DISEASE.
ITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIVEN IN PART 1(0)
<u> </u>	
9à Condition for which operation was performed	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
1b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	ED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
1e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
ttended the deceosed from	death occurred on the date and hour and from the causes stated
The Body offer death. DEGREE	22c. DATE SIGNED
ATTENDING	MEDICAL STAFF STEETON STAFF
412ADI MO 7600 03	LER Do Towson 21204
DATE 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION COUNTY STATE
-20-1980 PARKWOOD CEM.	PARKVILE MAN BORDA BORDA O.
25e. DAT	REC'D. BY REGISTRAR 25b. RECISTRAR'S SIGNATURE

UNERALCHAPEL 8800 HARFORD RD. MAY 2 1 1980

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a

retained by the hospital or attending physician.

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DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral drift should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

0			STATE OF MARYLAND		
X	X	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	0
-36	-	REGISTRAR	CERTIFICATE OF DEATH		REG.

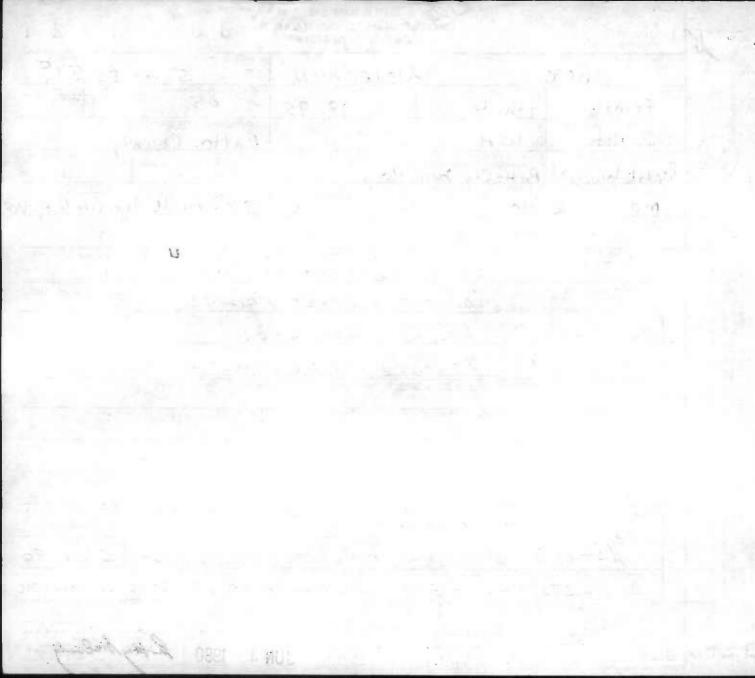
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		CEASED NAME FIRST CORPRINT) ELS/		4TE	LE	ESON	20 DATE OF DEATH	MONTH DAY	1980	26. HOUR	50
3.	3. SEX Temale wh			re	5. DATE C	BIRTH DAY DAY YEAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS M	HRS AIN
15	Penna. US		USA				Baltimo	re Cou	nty		MD.
0	10. CITY OR TOWN OF DEATH Parkton 1711			Masemo	re Ro	R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Postal Em	F WORKING LIFE)	12h KIND OF INDUSTRY U.S.	Posta	CVI
5	JSUA 3a S	AL RESIDENCE (IF NURSING HOMEO TATE 136 COUI Md. Bal	VIY	ove residence before 13c. CITY OR TOWN Parkton	1	134. INSIDE CITY LIMITS? YES \(NO \(\overline{\o	13. STREET ADDRESS 17112 Ma	M semore		120 Parki	toı
30	I FA	THER'S NAME William	D.	LAST Ha	gу	Elsie	May		Schn	itzer	
16	Sa W	(# YES, GN	RMED FORCES? E WAR OR DATES)	214-20-		Mr. Lawren	nce E. Lee	82.04		na Av	n
	CERTIFICATION	gove rise to immediate cause (a), stoling the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS COI	ION FOR WHICH	PEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20h. IF YES, V	VERE FINDIN	GS USED	
2	MEDICAL CERTIF	3/25/80 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFERREN, NOTHEY MEDICAL EXAMINER	216. TIME OF HOUR A.M) P.M	P.M. 19			YES NO PRED (ENTER NATURE OF INJU	YES		NO []	
	AT WORK AT WOR						city or to	, 19	COUNTY	STATE	last
,		sow the deceased alive an 2/12 19 60 and that in (my) (pure) apinian death accurred an the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 5/24/80 2724. PHYSICIAN STAFF 2724. PHYSICIAN STAFF 2726. ADDRESS DEGREE 2726. DATE SIGNED									
2	3a. B	E/12a6x4 URIAL, CREMATION, REMOVAL	The state of the s	23¢ N		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	CC	Loss, M	STATE	-
		Burial	5/27/	00 10		y Valley M. C	7 al a a a a a	1		7 / 7	

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page 3		CEASED NAME ORPRINT) RO		WIOOLE	LIEBE IS DATE OF B	er m	an	20 DATE OF DEATH	MONTH OA	BO S	HOUR 2 4 M F UNOER 24 HRS
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ase remove carbo ial, cremation, or y, or ather traum		Conditions, if ony, whice gave rise to immediate cause (a), stating the underlying cause los	th (b)	OR AS A CONSEQU	FNCE OF			ON EART D	IS EAS	£	
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ial-transit prental Hygin or Item 18		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (OF DEATH HOUR	OF INJURY A.M. MONTH D	AY YEAR	(HOW IN)	URY OCCURRE	D (ENTER NATURE OF INJU	URY IN ITEM 18, PAI	RT I OR PART 2)	
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163 ET	(BURIAL, CREMATION, REMO BURIAL	MAY	8 1080	NAME OF CEMI NORKMEN			23d. LOCATION CITY OF TOWN BALTIMO	`	OUNTY M	STATE ARYLAND
1H-16 25M	24 F	INERAL DIRECTOR SOI	LEVINSC	N & BROS	. INC.		25e. DATE	REC'D. BY REGISTRAF	25b. RESISTR	AR'S SUNATUR	E



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STATE OF MARYLAND

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	REG. NO.					

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1		CEASED NAME	FIRST	-	MODIE	ı	AST	- 100	20. DATE OF DE	ATH MO	NTH DA	Y YEAR	2b. HOUR	
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- 9		IRTHPLACE (STATE O	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	1		MARRIED [9 BALTIMORE	CITYORC		OF DEATH		
5		ryland		U.S.	Α.	WIDOWE		ONORCED [Baltim	ore C	ounty	7.	MD.	
7		TY OR TOWN OF C	DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET in Square	ADDRESS)		STITUTION	12e USUAL OC (TYPE OF WORK FO Home	CUPATION R MOST OF WO	1	12b. KIND INDUSTR	OF BUSINESS OR Y Home	
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C	14. FA	ATHER'S NAME FIRST Elmer		MIDDLE	Leight	t		rs maiden na first Josephin		MODLE	С	Carlin		
	16a V	WAS DECEASED EV	ER IN U.S. AR				17 INFORM	AANT	ADDRESS					
	,	No	(# 125, 011	. WAR OR DATES	217-24-8	3135	Mrs.	Lina L.	Campbe	11 1	Balti	more,	Maryland	
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lateral p		WHILE ATWORK ATWORK (This hospital) attended the deceosed from May 2 19 80 to May 3 19 sow the deceased alive on May 3 19 sobove. (A(we) (did) (dha part view the body after death. 228 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYS										that (6 (we) lost ne causes stated TE.BIGNED		
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DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR ADDRESS 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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DIVISION OF VITAL RECORDS, AND W. PRESION SI., BALLIMORE, MARILLAND ALEGO	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page
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the burial transit permit.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST MIDDLE LAST 26. DATE OF DEATH MONTH DAY 2b. HOUR (TYPE OR PRINT) Myrtle Lippy May 1, 1980 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5 DATE OF BIRTH May 31, QAY5 HOURS 1888 YEAR Female White 91 YRS BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED U.S.A. Baltimore County Maryland WIDOWED PA DIVORCED MD ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 12e USUAL OCCUPATION Baltimore County General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Randallstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 3306 Smith Avenue 136 COUNTY Baltimore 134 INSIDE CITY LIMITS? Maryland YES M NO M 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST Elizabeth Huff MIDDLE LAST William H. Dodrer ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213 74 2470 Robert Lippy 1411 Weldon Place North APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (0), (b), and c. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AS/A CONSEQUENCE O DUE TO R other 1 Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 206. IF YES, WERE FINDINGS USED shows 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO T YES [marked or Item 18 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21s PLACE OF INJURY STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 27a I certify that (I) (this haspital) attended the deceased from . that (1) (we) last and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated 77h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME LITTE OF PRINTS 22e ADDRESS Dr. Babu Y. Rao 8811 Liberty Road Randallstewn 23d LOCATION 23s BURIAL CREMATION, REMOVAL 73h DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN STATE Birial May 1980 Lorraine Park Cemetery Baltimere. Maryland 24 FUNERAL DIRECTOR DHMH-16 25M Burre Funeral Home 3631 Fails Rd. 21211 (VRA 15, 4) 1/79

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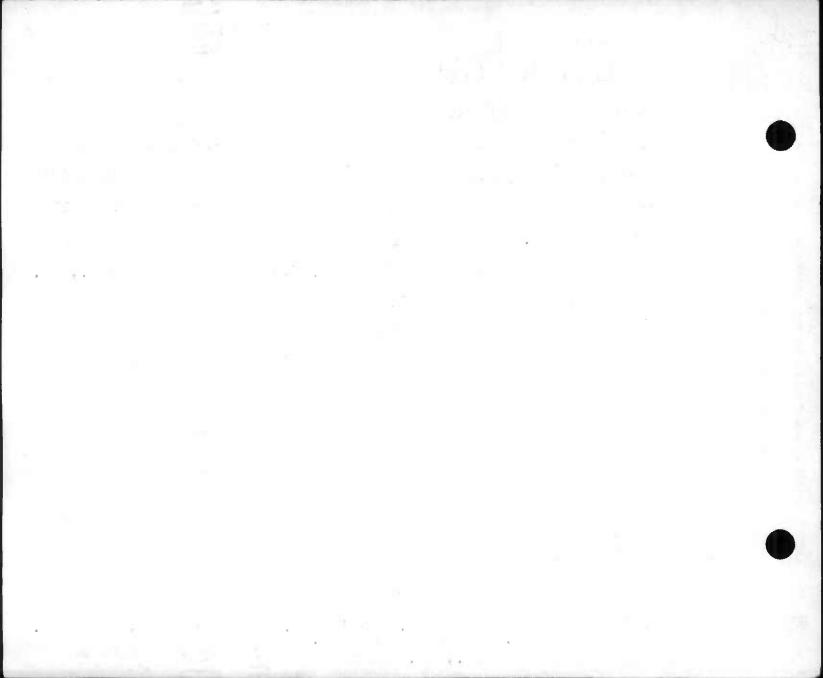
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STATE OF MARYLAND



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune in direction and should be detached for use as the burshalt-transit permit. Then please removes carbon papers. Pages 1 and 2 should be filed within 72 from the chain and State Dept. or Health and Mental Hygene prior to burial, cremation, or removal. IMPORTANT: If item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified in our or other traumatic event, the medical examiner must be notified in our or other traumatic event.

BP.

DHMH-16 25M (VRA 15, 4) 1/79

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

Ja. BIRTHPLACE (STATE OR FOREIGN

24 FUNERAL DIRECTOR

Henry W.

3 SEX MALE

FIRST WILLIAM

4 RACE

76 CITIZ

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DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 0		17	2	8		
WIDOLE	AST		-80	YEAR	2b. HOUR			
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HITE S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR FUNDER 2 MONTHS DAYS HOURS 72 YRS.						
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LITTLE	OLARA	WIDDLE		CULLE				
RCES? 166 SOCIAL SECURITY NO. 150-01-5883	17 INFORMANT A KATHERINE	ADDRES D. LITTL		AME				
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ETO, OR AS A CONSEQUENCE OF				1 1	/EAR			
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14. F.	ATHER'S NAME DAVID M	DOLE LITTLE	15.	MOTHER'S MAIDEN NAM CLARA	MIDDLE	CUL	LEN	
	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (# YES, GIVE V	MED FORCES? III SOCIAL SECTION SOCIA		INFORMANT KATHERINE	ADDRE D. LITTL	E SAME		
	PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), ar BY METAS CAUSE (a)	TATIC L	UNG CARC	INOMA	BETY	PROXIMATE INTERVAL WEEN ONSET AND DEATH	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	1	1 YEAR					
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	22a.1 certify that XI) (this haspite saw the deceased alive an_ abave, (I) (we) (did) (did not)	stended the deceased from 19 5 - 9	30 , and th	at in (my) (aur) apinian c	, ta	ite and haur and fram	, that X (we) last the causes stated	
	226. SIGNATURE The ch	my way	DEG	ATTENDING PHYSICIAN	MEDICAL STAP DIRECTOR PHYSIC	F _d	5-9/80	
	22d PHYSICIAN'S NAME (TYPE OR	TING WAL	19		GBMC		,	
23a.	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	W = = 0 = 1	Lake Vi	TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Carrol	state Md	

Jenkins & Sons Co. Balto. Md. MAY 12 1980

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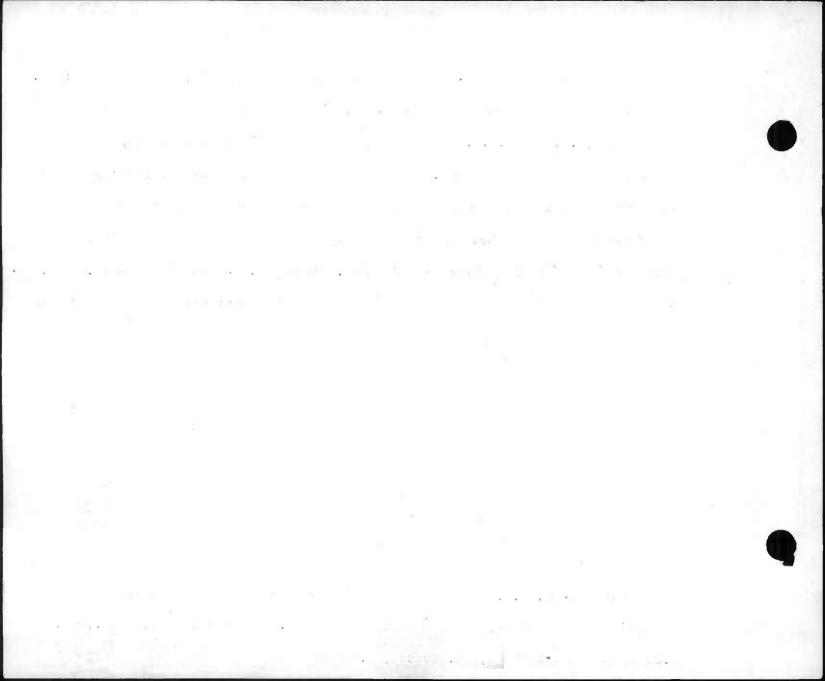
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			ECEASED NAME	FIRST	A	MIDDLE	t	AST		20 DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR	
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er d		3. S			RACE		S. DATE C			6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS	
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1 0 P	ėj ,	7a.	BIRTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNTRY		NEVER MARR	IED 🗆	9 BALTIMORE CITY OR COUNTY OF DEATH				
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i je	P		CITY OR TOWN OF DE		1. NAME OF			R OTHER INSTITUT	ЮИ	128 USUAL OCCUP		12b. KIND C E) INDUSTRY	F BUSINESS OR	
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and	3	0 -	George	-		ochboeh]	er	Mary				Schmidt		
d co	medical	160	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		AD	DRESS			
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8 6	of, cr		underlying coust	lost	(c)								11	
signed hen ple	io burid	Z		NIFICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO 1	THE TERMI	INAL DISEASE OR C	ONDITION GIV	EN IN PART 1	0 1	
nit T	any in	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	20b. IF YES	S, WERE FINDI	VGS USED	
hos l	aws o	員								YES NO		YING CAUSES	NO []	
ysicio	8 sho		21a ACCIDENT WAS UN		21b. TIME O		- WEAR	21c HOW INJURY	Y OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18, P	PART I OR PART 2]		
phy in the other of the	Item 18		OR COLUMN TAKE		HOUR A.	M. MONTH	DAY YEAR							
oding is ce	or the	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION		CITY OR	TOWN	COUNTY	STATE	
offer er if s the	alth and morked	₹	WHILE NOT W	ORK	(AT HOME, ST	REET, FACTORY, OFFIC	E, FARM, ETC.)	JINEE			A 2d	0	SINIE	
ar aff	mor.	1	22a I certify that (1			ne gl ecea sed from	100	, 19	, 80		1900	79 80	that (I) (we) last	
TOR for u	21 15		saw the decease above, (1) (we) (VUATA		80.0	nd that in (my) (our)) apinian d	death accurred on th	e date and hou	r and from the	couses stated	
has REC hed	ten.	П	226. SIGNATURE	Old (Cold flot)	New The Gody	otter degin.		DEGREE				22c. DATE	SIGNED	
the Al D	Stote D.		1 Dr	Make	141	WUNK	M		NDING SICIAN []	MEDICAL S	TAFF SICIAN 🔲	51	24/80	
d by	MPORTANT	7	224. PHYSICIAN'S N	AME (TYPE OR	PRINT)	22e ADDRESS				1		
etoine TO FU should	# POA		Dona1d	Trump	м.В.			409 H	ollin	Road B	altimor	e,Maryl	and	
e Ft	3 ≧	230	BURIAL, CREMATION		23b. DATE			EMETERY OR CREM		234 LOCATION CITY OR TOWN		COUNTY	STATE	
BP			Burial		May27,			y Valley (Cockey		Balto.		
DHMH-1	6 20M		FUNERAL DIRECTOR					rk Road		REC'D. BY REGISTR		RAR'S SIGNAT		
(VRA 15,		R	uck Towson	Funer	al Home	,Inc. T	owson,l	Md.21204	MAY	2 7 1980	Joseph	JANE C	ready	

STATE OF MARYLAND



	X
E, MARYLAND 21201	8
kecuted within 24 hours after death. Page 4 may be	·
completely filled in by the funeral director, the fand 2 should be filed within 72 hours after	_

executed within 24 hours

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL I	HYGIENE	8	O REG. NO	D.		1 /	3	0
	CEASED NAME	FIRST	~	AIDDLE	L	AST	2e	DATE OF	FDEATH	MONTH (YAC	YEAR	26. HOU	R
(IAM	J. DOUC	XLAS	4	1	20	CKARD				5 1	2_	80	10-4	9AM
3 SE	х	4 R/	1		5 DATE C		6. A	GE (IN Y	EARS LAST BIRT			DER I YEAR	IF UNDER	24 HRS
	MALE	la	Shit	e	Fel	28,19/2	-	6	8	YRS.	MONTHS	S CAYS	HOURS	MIN
70 B	IRTHPLACE (STATE OR FOR OUNTRY) MALY AU			WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED	0 8	ALTIMO	¬	1 MOF		10	ouni	FYMD.
10 C	TY OR TOWN OF DEAT			H FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION		PE OF WOR	OCCUPATI KFORMOSTO CTOP	ON F WORKING LIFE	E) IN	DUSTRY	OF BUSINE	SS OR
USU 13e		BAI	R INSTITUTION,	GIVE RESIDENCE BEFORE 134 CITY OR TOW RE15TEVS		134 INSIDE CITY LIMITS YES NO D	130	STREET	ADDRESS	Pock	.ey	·5 6	mili	1 Rd
14. F/	JAMES JAMES	EJW	in .	LockAr	4	MYLA			MIDDLE		m,	. 22	ST	
	WAS DECEASED EVER IN YES, NO OR UNKNOWN) UCS		FORCES? OR Dates)	220-44	-2496	Edg Ar G.	Roh	ide,	Jr.	55 151 Upp	206	HA.	novel Ind. 2	Rd.
	Conditions, if any, gave rise to imme cause (a), stating underlying cause	S CAUSED BY MMEDIATE CA which ediate	.USE (o)	Caxdo RAS A CONSEQUE ACINTA	NCE OF	Avrest condial 7	V	mei	lion			BETWEEN	MATE INTER ONSET AND	DEATH.
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)													
CERTIFICATION	198 DATE OF OPERATION	01	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED		YES	NOAE	IN CERTIF			NGS USED OF DEAT	H?
	218 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	216. TIME OF HOUR A./ P./	M. MONTH DA	Y YEAR	21c HOW INJURY OCC	CURRED	(ENTER NA	TURE OF INJUI	RY IN ITEM 18, P.	ART I O	R PART 2)		
MEDICAL	21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK		21e PLACE ({AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	(M, ETC.) 211 LOCATION COUNTY STREET CITY OR TOWN COUNTY					YTHUK	St	A1E	
	22a I certify that (I) (I saw the deceased above, (I) (we) (did	alive on	5-1	2 - 19	<u>} </u>	5 - 11-, 19 5 id that in (my) (aur) apin	nian deatl	to h occurre	d on the de	- 12 ate and have			that (1) (v causes sta	,
	226. SIGNATURE	2008	ali	-				EDICAL RECTOR	STAI		2		SIGNED -12 -4	20
	DR ,	ME (TYPE OR PRIN	_	TEL		Bol Co	uul	ク	6e 4.	Hos	سا	; rank	. 21	133

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic

TTENDING PHYSICIAN: The law all or attending physician.

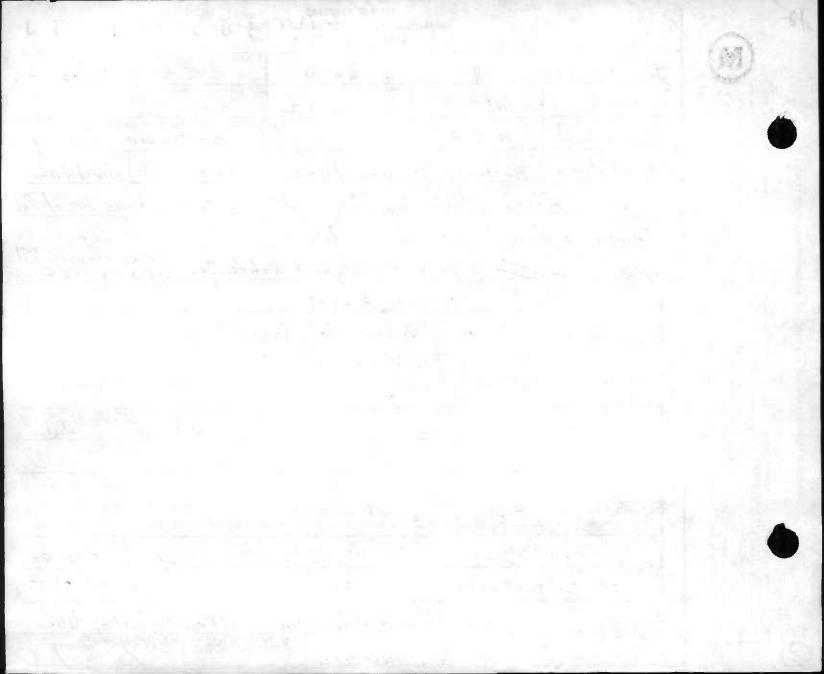
TO HOSPITA

231 NAME OF CEMETERY OF CREMATORY
Druid Ridge Com

23d LOCATION

236. DATE MAY 14,1980 230. BURIAL, CREMATION, REMOVAL BULLA 24 FUNERAL DIRECTOR
NAME
H. J. ELS

ADDRESS



executed within 24 hours after

TO HOSPITALER ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

		CEASED NAME	FIRST		MIDDLE		LAST		REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
	1000	SAFRINI	JOHN		PENTZ	M	AC CUBBIN,	JR.	MAY 1, 1980		2:00P	
9	J SE	LE		4 RACE WHITE		APR				MONTHS DAY		
35		RYLAND	FOREIGN	U.S.A.	WHAT COUNTRY?	MARRIE WIDOW	ED NEVER MARRIE		BALTIMORE COU		M	
23		RT HOWARD		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WO CUPATION TYPE OF WORK FOR MOST OF WO CUPTER							OF BUSINESS OF	
35	130.5	AL RESIDENCE (IF NUI STATE RYTAND	13b. COUN	OTHER INSTITUTION	136 CITY OR TOW BALTIMO	VN .	134 INSIDE CITY LIM	AITS?	13. STREET ADDRESS 5001 RATNURER	WAY		
00	14. FA	THER'S NAME FIRST JOHN		NDOIE STOOM	MAC CUB		15. MOTHER'S MAID	HER.	INE	SH	ŰE	
2		VAS DECEASED EVE YES, NO OR UNKNOWN) YES		WAR OR DATES)	216 07		CLINICAL	REC	ORDS, VAMC, FO	RT HOWAR		
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) CARDIOGENIC SHOCK										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF									YEARS	
Snows any injury, or	CERTIFICATION	PART 2 OTHER SIC PNEUMONI 19a DATE OF OPERA	A. ANO	CONDITIONS CONTRACTOR OF CONTR	ONTRIBUTING TO	DEATH BUT	T NOT RELATED TO THE RESPIRATE ON WAS PERFORMED	ORY		GIVEN IN PART YES, WERE FINE RTIFYING CAUSE YES	DINGS USED	
9		210, ACCIDENT WAS UIT OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A	OF INJURY .M. MONTH D	AY YEAR	21c HOW INJURY O	OCCURRE	D JENTER NATURE OF INJURY IN ITEM			
	MEDICAL	21d. INJURY OCCUI	RRED	21e PLACE	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET		CITY OF TOWN	COUNTY	STATE	
sm 21 is r		22a I certify that (saw the decea above Al (we)	sed alive on	MAY 1	# 19	APRIL 80	. 19	opinian d	, to MAY 1 eath occurred on the date and	haur and fram th	e, that (1) (we) la	
MPORTANT: If Its		278. SIGNATURE 228. PHYSICIAN'S	Hes	de	N/D		ATTEND PHYSIC		MEDICAL STAFF DIRECTOR PHYSICIAN		1, 1980	
ORT		C.V.J. V		E. M.D.			VAMC. FO			2		
Ā.	23o. E	JURIAL, CREMATION	REMOVAL	236. DATE 5/3	. 23c.	NAME OF (CEMETERY OR CREMA	ATORY	23d. LOCATION	COUNTY	STATE	

STATE OF MARYLAND

JOHN JAMES AND STREET, ILL. 18 CO.

TOLY HOLD W.A. IDEALORS O STEEL BY DEALER, July

LEEUS DAM ALTES MICH.

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FOR - STATE

(TYPE OR PRINT)

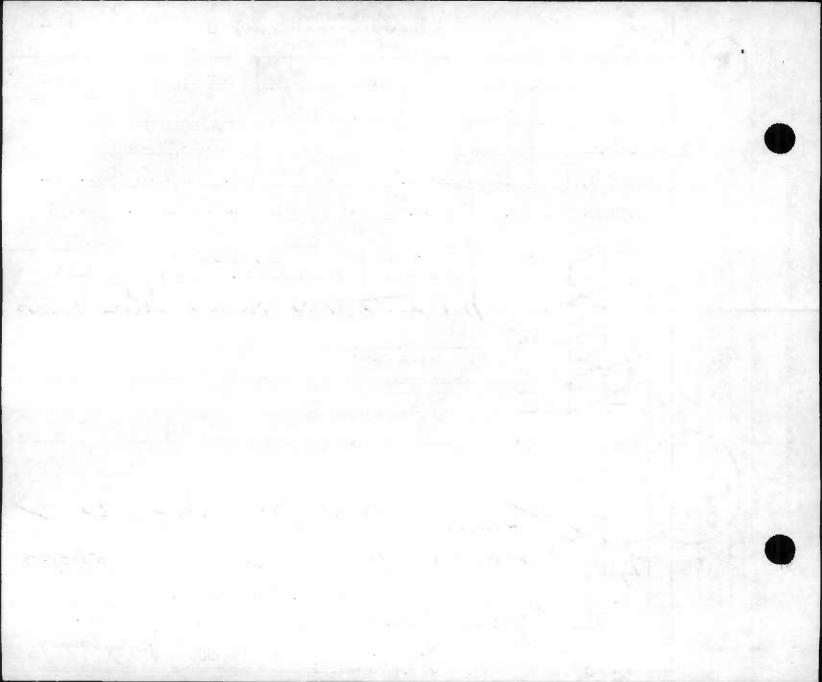
REGISTRAR

24 FUNERAL DIRECTOR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH MONTH MIDDLE 26 HOUR MACKS MAY 12, 1980 3:45 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) PER. CONSULTANT SOC. SEC. 3506 JOANN DR. #21207 BOON 17 INFORMANT MRS. MIRIAM AMAGKS 21207 BALTO., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE ond that in (my) (pr) opinion death occurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN REPESTERSTOWN BALTO. MD 250. DATE REC'D. BY REGISTRAR 250. RECISTRAR'S SIGNATURE OF SOL LEVINSON & BROS , INC. 6010 REISTERSTOWN RD. BALTO, MD

DHMH - 16 50M 1/76 (VR A 15 (4))



age 4 may be

executed within 24 hours

the death certificate be

ATTENDING PHYSICIAN: The law

	1	FOR STATE REGISTRAR		DEPART	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 3 0		3 3
9		CEASED NAME FIRST		NIDDLE		LAST	2e. DATE OF DEATH		2b. HOUR
		CL	EMENT JO	HN MAIN	OLFI		May 12,19	980	5:15am
1	3. SE)	x Male	4 RACE Whit	e	MONT	OF BIRTH H DAY YEAR 19, 1908	6 AGE (IN YEARS LAST BIRTH	MONTHS DA	
7	C	IRTHPLACE (STATE OR FOREIGN COUNTRY)	1. CITIZEN OF V	WHAT COUNTRY?	B.	DEVERMARRIED	Baltimore City or	R COUNTY OF DEATH	H MD.
7		ITY OR TOWN OF DEATH ESSEX	Frankl	in Squar	ADDRESS) E HOS	OR OTHER INSTITUTION pital	120 USUAL OCCUPATK	ON 12b. KIN INDUST Self Empl	oped oyed
5	13e. S	Maryland B		GIVE RESIDENCE BEFORE 136. CITY OR TOW ROSEDAL	'N	134. INSIDE CITY LIMITS?		oldfield Ct	
30		Carlo	MIDDLE	Mainol		Amalia	MIDDLE		rsi
		WAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (18 YE NO	S. ARMED FORCES? S, GIVE WAR OR DATES)	212-09-		Mrs Olga F M	ADDRE Mainolfi	ss Same	
	NO	Conditions, if ony, whice gove rise to immediate couse lot, stating the underlying couse los	h (b)	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO	ENCE OF	Lung	IIN AL DISEASE OR CONC	T 1(o)	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO X		
7		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	2)
	MEDICAL	21d. INJURY OCCURRED WHILE ONOT WHILE OF AT WORK	?1e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
		220.1 certify that of this sow the deceased almobave, of (we) (did) ote and hour and from 22c. D. FINA	the couses stoted ATE SIGNED						
1		Marcia	A. Good			9000 Frank	lin Square	e Drive 2	1237
	23a. E	BURIAL, CREMATION, REMO (SPECIFY) / Burial	236. DATE 5/14/			cemetery or crematory ons Of Faith	23d LOCATION CITY OR TOWN Baltin	more, Maryl	and

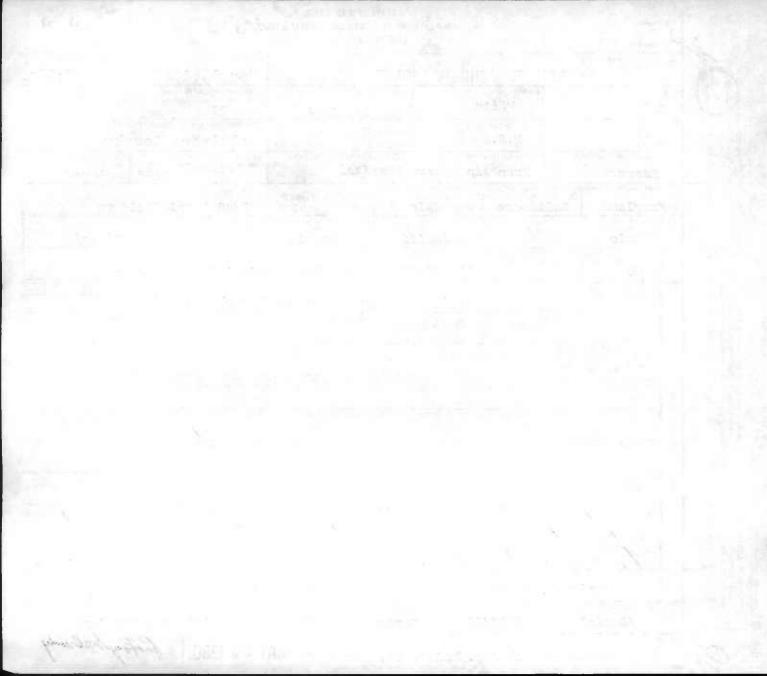
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

Leonard J Ruck Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAL SIGN



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Peer in tetained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECOR	TO HOSPITAL StrATTENDING PHYSICIAN: The law etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	L	FOR - STATE REGISTRAR			100	TMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	REG. N		1 7	3 4	
W)		ECEASED NAME E OR PRINTS	LOLA		H.	N	1 ALLONEE	2e. DATE OF DEATH	5 /2°	9/80	525 _{4M}	
once.	3 SI	Female	RACE Whit	te	5 DATE O	12, 1891 YEAR	6 AGE JIN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN		
the funeral direction within 72 hours	7. BIRTHPLACE (STATE OR FOREIGN 76 CIT COUNTRY) Carroll Co. Md.				WHAT COUNTRY USA	MARRIE WIDOWI	D NEVER MARRIED	BO D SALTIMORE CITY OR COUNTY OF DEATH				
y by		ndallstown			NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION				ION DE WORKING LIFE) C	126. KIND C	OF BUSINESS OR	
filled in uld be fil	USUAL RESIDENCE IF NURSING HOME OR OT 130 STATE Md. Balto			OTHER INSTITUTION	GIVE RESIDENCE BEFO OWINGS		134 INSIDE CITY LIMITS? YES NO 1	13. SIREEI ADDRESS 11812 Gre	enspri	ng Ave	•	
d completely and 2 sharmmedical exam	14. F	I. Tyson	Haî	rden	LAST		15. MOTHER'S MAIDEN NA Blanche	WE	Horner	LAS	ST	
Pages 1 a	160	WAS DECEASED EVER IYES, NO OR UNKNOWN!		AED FORCES? WAR OR DATES!	220-44-		Mrs. Blanche	S. Keir O		Mills,	Md.	
een signed by the attendir Then please remove carbo for to burial, cremation, or any injury, or other traum	TION		nediote ng the lost.	DUE TO, OI		UENCE OF		HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01				
an. it permit. ygiene pri 18 shows	CERTIFICATION	190 DATE OF OPERA		195 CONDI		H OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYI YES		NGS USED S OF DEATH?	
this certifurial trans Mental H	MEDICAL C	OR CONTRIBUTING [] [IF EITHER, NOTIFY MEDIC 216 INJURY OCCUR	CAUSE OF DEAT	HOUR A.	M, MONTH I M. DF INJURY	19	211 LOCATION					
R: After e as the bealth and is marke	W		ORK		edecessed from		STREET 19 X O	CITY OR TO	29 10	COUNTA	STATE	
letained by the hospital or TO FUNERAL DIRECTO should be detached for use with the State Dept. of He IMPORTANT: If Item 21		sow the deceased alive on 27 19 6 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the bady after death DEGREE 272. DATE SIGNED									couses stated SIGNED 29-80	
BP————————————————————————————————————		BURIAL, CREMATION,	REMOVAL	June 2	,1980 I	NAME OF C	EMETERY OR CREMATORY Ridge Cemetery	Pike svil	le, Má	OUNTY	STATE	
DHMH-16 25M (VRA 15, 4) 1/79		uneral director	al Hor	ne Rei	sterstow	n, Md.	21136 250. DAT	e rec'd, by registrar JUN 5 1980	256. REGISTRA	AR'S SIGNAT	TURE Cyndy	

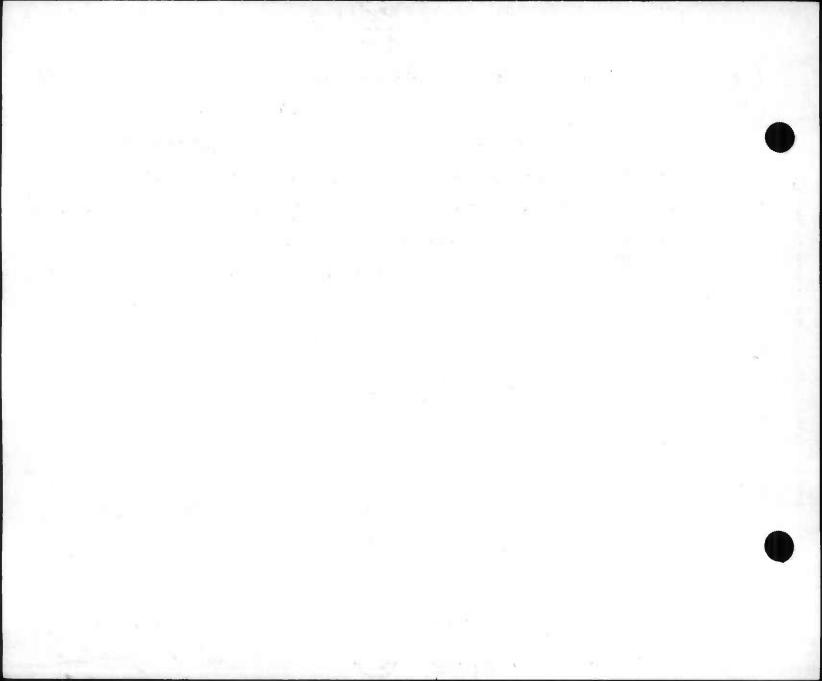
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MARYLAND 21201	
BALTIMORE,	
PRESTON ST.,	
IDS, 201 W.	
ISION OF VITAL RECOR	
VIO	

	1			STATE OF WARTE	AND			-9
	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND CERTIFICATE OF		ENE 8 0	1 1 /	3 3
		CEASED NAME FIRST	MIDDLE	LAST	T	20 DATE OF DEATH MO	NTH DAY YEAR	2b. HOUR
2 16	(TYPE	MARY	K	MANSFILL	ا لہ	. 5"	19 80	9.45
1 1	3 SE		4 RACE	S DATE OF BIRTH	0	AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR	IF UNDER 24 HRS.
95	/	FEMALE	WHITE	MONTH DAY	1887	97	MONTHS DAYS	HOURS MIN
Po di		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	ITRY?		BALTIMORE CITY OR	OUNTY OF DEATH	
dearm dearm	M	ARYLAND	USA	45	NORCED [BALTIMO	LE COUNT	Y MD.
the furth d with d with		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INS	STITUTION	12th USUAL OCCUPATION (TYPE OF, WORK FOR MOST OF WO		F BUSINESS OR
	CI	ATONSVILLE	ShangRi LA	NURSING CE.	NTEL	Housewil	F-G-	
212	ÜŠU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION				21204
MARYLAND 21201 ed within 24 hours on 25 should be file and 2 should be file examiner must be no	M	D. Bal	1	SON YES [№ 🏹	6 CEDAR	AUE, TOWS	ow, Md.
within within	14 FA	THER'S NAME FIRST	MIDDLE LAS	IS MOTHER	'S MAIDEN NAM	MIDDLE MIDDLE	_ LASI	
complet vi l ond 3	6	EDROG	TRAK	ANd	Mary	W	entworth	
	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO 17 INFORM	ANT	ADDRESS	To	owson
BALTIMORE, cote be execut ysicion and co	(rES, NO DI UNIONOWN) (IF YES, GIV	EWAR OR DATES) 216-0	7-3883 A Mrs.	France	es N. Mansf		
ALT		IL CAUSE OF DEATH (Enter or	nly one couse per line for (a). (^		MATE INTERVAL INSET AND DEATH
÷ + + + + 0 0 0			nly one couse per line for to 1, 1 D BY:	- Shorty C	a dia w	0 00	10 0	
Page pour learning pour learni		IMMEDIA	TE CAUSE (0)	no sum we (new v	man og.	ices c	
STON feath ce feath for, or or or or or or or or or or or or or		4272	DUE TO, OR AS A CONS	SEQUENCE OF			1	
death death attend ave co		Conditions, if any, which	(b)					
the a	1	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN. The law requires that the death certi- attending physician. Ifter this certificate has been signed by the attending pass the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, ar ren orked or them 18 shows any injury, or other troumatic ev		underlying couse last	(e)					
20 es t		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATE	D TO THE TERMI	NAL DISEASE OR CONDIT	ION GIVEN IN PART 110	
RDS, a	Z O		Daheles	mellitus				
Boer mit.	CERTIFICATION	19a DATE OF OPERATION	TIPL CONDITION FOR W	HICH OPERATION WAS PERF	ORMED	20a AUTOPSY? 26	h. IF YES, WERE FINDIN	IGS USED
hos b	문					- 11	CERTIFYING CAUSES	OF DEATH?
VITAL VITAL	- E	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	121, HOW II	NIII IBY OCCUBBI	YES NO	YES	NO 🗍
ON OF VITA TYSICIAN: Til ding physical s. certificate burial-transit Mental Hygin ri flem 18 shr		OR CONTRIBUTING CAUSE OF DE			NJURT OCCURR	ED (ENTER NATURE OF INJURY IN	HEM 18, PART I OR PART 2}	
rSICIA ing ph	5	(IF EITHER, NOTIFY MEDICAL EXAMINER		19				
PHYY endir this id M d or	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	211 LOCATI	IÓN	CITY OR TOWN	COUNTY	STATE
DIVISION OF DIVISION OF THE PROPERTY OF THE PR	2	MHILE NOT WHILE AT WORK	(**************************************	arrect, rana, cre.,				g
0 0 4 9 0 E		22a 1 certify that (1) (this hasp	tal) attended the deceased f	rom 12- 22	1975		9- 19 80	hat (I) (we) last
TIEN Prtol TOR for us		saw the deceased alive on		19 80 , and that in (my	r) (our) opinion d	eath occurred on the date	and hour and from the c	auses stated
ECI OSP		above, (I) (we) (did) (did no 27b. SIGNATURE	t) view the body ofter death	DEGREE		1	22c. DATE	CONED
he hos DIREC oched Dept		THE SIGNATURE	-	JA MO	ATTENDING V	MEDICAL STAFF	11. DATE:	7 -CA
RAI det	1			1 114	PHYSICIAN [DIRECTOR PHYSICIAN	10 17/7	1-80
HOSPITAL Ined by the FUNERAL Uid be deat on the Store	1	226 PHYSICIAN'S NAME (TYPE C	RPRINT)	22e ADDRE	SS ,	2 1 . 160		
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7.5 5.2 ₹	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR	CREMATORY	236. LOCATION CITY OR TOWN	COUNTY	STATE
/// BP		Burial	5/21/80	Jessops Cem	netery	Cockeysv	rille, Md.	21716
7/30		JNERAL DIRECTOR		-		REC'D. BY REGISTRAR 256.		JRE
DHMH-16 20M (VRA 15, 4) 7/78		NAME	ADDRE		MAY	2 0 1980	Troken hon B	
(1.11.1.5) 1////5		Martin D. Law	son, 10 W. F	adonia Rd.		~ V 130U	Juneo	Atoly



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	HC aine	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun
110	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are death. Page 4 is retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funity of the standard physician and completely filled in by the funity of the standard physician and completely filled in by the funity of the standard physician and completely filled in by the funity of the standard physician and completely filled in by the funity of the standard physician and completely filled in by the funity of the standard physician and completely filled in by the funity of the standard physician and completely filled in by the funity of the standard physician and completely filled in by the standard physician and completely filled in by the funity of the standard physician and completely filled in by the standard physician and completely filled in by the standard physician and completely filled in by the standard physician and completely filled in by the standard physician and completely filled in by the standard physician and completely filled in the standard physician and complete
70	TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.	

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ge 3		De	ROTI	ty E.	Ma	RCH		5-7.	-80	1-D M
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		RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF WHAT COUNT	RY? 8 MARRIE WIDOW	D NEVER MARRIED (17 (Line / 1	OR COUNTY OF	DEATH	MD
by the furthir	10 C	andellsto	ATH I	1. NAME OF HOSPITAL, NUI		OR OTHER INSTITUTION	124 USUAL OCCUPA (TYPE OF WORK FOR MOS		126. KIND OF B INDUSTRY Bank	JUSINESS OR
tely filled in should be fill	USU 13a. S	AL RESIDENCE (IF NUR	131 COUNT	OTHER INSTITUTION, GIVE RESIDENCE B	NWO	134 INSIDE CITY LIMITS'	? 13. STREET ADDRES	s Hill	RI	
	14. F/	ATHER'S NAME	7	DDLE Hicke	v	15 MOTHER'S MAIDEN	NAME MIDDLE	7	LAST	?
Pages 1 and 2	16a V	VAS DECEASED EVER		NED FORCES? 166 SOCIALS	SECURITY NO	17 INFORMANT Robin L	Zut= 1931 E	RESS	1aus	
ysiciar pers. P oval. event,		II CAUSE OF DEA	IH (Enter only	one cause per line far (a), (b	, and ict.	2	1		APPROXIMAT BETWEEN ONS	TE INTERVAL SET AND DEATH
		PART I, DEATH V	VAS CAUSED IMMEDIATE		210	PESPIRATI	ory tr	2557		
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wred en sii r to my ir	NO.	CHRONIC	00	STRUCTURE L	UNIC DIS	ENSE - DIAB	ETIS WELLIT	4	Colos	TANU
ne la be las be mit.	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS	
cate h it per giene /giene	F					1	YES NO	YES [NO 🗌
physicia physicia is certific ial-transi lental Hy or Item		218. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR	ZIE HOW INJURY OCC	URRED (ENTER NATURE OF IN	JURY IN ITEM 18, PAST	1 OR PART 2)	
After thi the buri th and M narked o	MEDICAL	214 INJURY OCCUR	WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
OR: 7		22e. I certify that (I	(this hospite	ol) offended the deceased fro	om	- 7 19 (5D,105	-7_19.	80, tho	ot (I) (we) fost
ECT for u		saw the decear above, (I) (we)	did) (did not)	view the body after death.	18 RO . 0	nd that in (my) (aur) apini	on death occurred on the	date and hour a		
the hos AL DIR etached ate Depi		226. SIGNATURE	dries	3		DEGREE ATTENDING PHYSICIAN		TAFF SICIAN	22c. DATE SK	J-80
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(VRA 15, 4) 1/79	0 .	J. Stars	tury 6	411 Vindson	ill Pa.		2 3 100			

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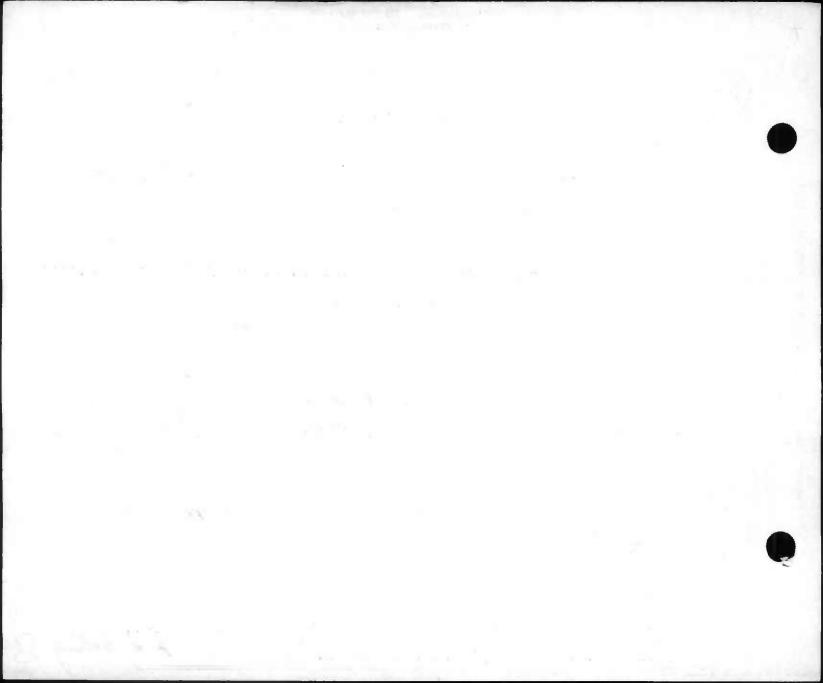
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TO FUNERAL DIRECTOR

DHMH-16 20M (VRA 15, 4) 7/78

	1.	FOR			HEALTH AND MENTAL HY	GIENE 8 U	1 1	101
		REGISTRAR		CERTII	FICATE OF DEATH	REG. NO	D.	
		CEASED NAME FIRST	MID	DLE	LAST			EAR 26. HOUR
	11111	£dn.	A /	7. MAS	emore	MA	42119	80 / A M
1	3. SE)	× a	4 RACE		OF BIRTH	6. AGE IN YEARS LAST BIRT		
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		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY O		TH
35		ALTIMOSEMO	4.5.1	MARRIE WIDOW		BALto	Count	YY MD.
		TY OR TOWN OF DEATH		SPITAL, NURSING HOME		120 USUAL OCCUPATE		IND OF BUSINESS OR
70	B.	ALTIMOIE Co.	freder	ACHITY, GIVE STREET ADDRESS)	g Center	HOUSE W		STRY
9	USU A	AL RESIDENCE (IF NURSING HOME OF		IVE RESIDENCE BEFORE ADMISSION)	1134 INSIDE CITY LIMITS?	13. STREET ADDRESS		
25	101		140.	BALTO (D)	YES NO D	1301	Kenton	LOAd.
e cir	14. FA	THER'S NAME	MIDDLE	- (IAST	15 MOTHER'S MAIDEN NA	AME		LAST
330	60	unknown)	J	Ch4/+3	GIACE	WIDDE.	65	4118
0		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECURITY NO	17 INFORMANT	ADDRE	SS	
e aed	Ŋ	O (# 125, GM	- L	2/203 4817	Helen L.	Plitt 1301	Kenton	Rd.21234
3		18 CAUSE OF DEATH (Enter on	ly one couse per lir	ie for (a), (b), and (c).)	11.0		N X	PPROXIMATE INTERVAL
ve >		PART I. DE ATH WAS CAUSE	E CAUSE (o)	YOCARDIAL	INFARC	110N		
10		410		AS A CONSEQUENCE OF				
Ē		Conditions, if any, which	((b)	AS A CONSEQUENCE OF				
0		gove rise to immediate couse (a), stating the)					
e i		underlying couse lost	DUE TO, OR A	AS A CONSEQUENCE OF				
, o		PART 2 OTHER SIGNIFICANT (ONDITIONS CON	ITRIBUTING TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(p)
נח ו	NO Q	ENTERO		TANEUS	FISTULA			
ony .	AT	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F	INDINGS USED
i d	CERTIFICATION	4.13.80) /NTE	STINAL O.	BSTRUCTION	YES NO	IN CERTIFYING CA	NO 🖂
80	E CE	21a ACCIDENT WAS UNDERLYING			21¢ HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	TY IN ITEM 18, PART 1 OR PA	IRT 2)
E 04	AL	OR CONTRIBUTING CAUSE OF DEA	P.M.	MONTH DAY YEAR				
ě	MEDICAL	214 INJURY OCCURRED	21. PLACE OF	INJURY	211 LOCATION		C1	
rked	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREE	T, FACTORY, OFFICE, FARM, ETC.)	ZIMEEL	CITY OR TOW	AN CONN	TY STATE
E E		22 a L cerfify, that (I) (this haspi			3 . 19 80		1980	, that (I) (we) lost
7		sow the deceased alive an above, (1) (we) (did) (did no	t) view the addy of	ter death.	opinion (my) مار (my) apinion	death occurred on the do	ote and hour and fro	m the couses stated
e e		22b. SIGNATURE	X	000	DEGREE			DATE SIGNED
=		rein	20	ecas 1		MEDICAL STAF	IAN 🗆	5.21.80
OK A	1	224 PHYSICIAN'S NAME ITYPE O	R PRINT)		27e ADDRESS		Ano	
		KEITH	+ALC	HO	3350 W	ILKENS	12 NG	
4	23a B	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	p.,	niol -	5/22/	80 Parkwo	od Cemetery		e Co. I	
)M		INERAPORECTOR		ADDRESS		TE REC'D. BY REGISTRAR	256. RESTRAR'S SU	A AUTE
/78	Wi	lliam E. Joh	nson 85	21 Loch Ra	ven Bl. M	AY 2 1 1980	Jan Jan	

STATE OF MARYLAND



LAST DECEASED NAME MIDDLE 2. DATE OF DEATH MONTH DAY YEAR 2h HOUR TYPE OR PRINTS 09 05 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS. 3. SEX DAYS 1906 To. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? I BALTIMORE CITY OR GOUNTY OF DEATH MARRIED NEVER MARRIED RMAM RRMANY WIDOWED DIVORCED MD 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR TOUSE WORKING LIFE (IF NOT ALGUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY LUX10H AMOR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CHY OR TOWN 134 INSIDE CITY LIMITS? 13e STREEL ADDRESS pla NOR YES [] 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 14e WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR BINKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL & CAUSE OF DEATH (Enter only one couse per line for 16 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) ien to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED D IN CERTIFYING CAUSES OF DEATH? sho per YES [NOF YES [NO [] 00 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED JENIER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION I AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 STREET CITY OR FOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.8 certify that (1) (this haspital) attended the deceased from saw the deceased alive of ____, and that in (my) (aur) opinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 12c. DATE SIGNED should be detach with the State Do ATTENDING MEDICAL STAFF FUNERAL DIRECTOR PHYSICIAN MPORTANT PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 2 230. BURIAL EREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE | SPECIFY! 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

Item 8 g544 6/13/80 gj

- STATE

REGISTRAR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 lwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

DHMH-16 25M

(VRA 15, 4) 1/79

FOR

24 FUNERAL DIRECTOR

Marketon Marketon Funeral Home, Cambridge, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	1	1	7	3	9
REG NO					

	REGISTRAR XC 20 9	60 541		CERTIF	FICATE OF DEATH	REG. NO).		
	DECEASED NAME FIRST		MIDDLE		LAST		MONTH DAY	YEAR	26 HOUR
	SAMUEL	LE	ESTER	MCC	COLLISTER	May 24. 19	80		10:45
3.	MALE	4 RACE	YE	DECT		6. AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24 H
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
10	FORT HOWARD	V.A. M	HOSPITAL, NURSIN CHEACILITY, GIVE STREET / TEDICAL CE	ADDRESS)	OR OTHER INSTITUTION	BALTIMORE 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Ret. Lumb	ON WORKING LIFE)	126 KIND C INDUSTRY	OF BUSINESS
13	SUAL RESIDENCE (IF NURSING MOME OF STATE 136 COL	DROTHER INSTITUTION JNTY OT .	13c. CITY OR TOWN E NEW MA	N	134 INSIDE CITY LIMITS? YES 1 NO 1	13. STREET ADDRESS RT. 1 BO	X 170-	7	
L	FATHER'S NAME FIRST Samuel	MIDDLE I.	McColl:		IS MOTHER'S MAIDEN NA FIRST Eliza	WIDDLE		tas Ta	irner
160	WAS DECEASED EVER IN U.S. A (YES NO ORUNKNOWN) (IF YES, G	VE WAR OR DATES)	220 12 2		VAMC FORT HO	WARD, MARYL			ORDS
	18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS	ATE CAUSE (0)	on AS A CONSEQUE	C HYP	PERGLYCEMIA			2 DA	MATE INTERVAL ONSET AND DEA YS
200	couse (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	ONTRIBUTING TO D		NOT RELATED TO THE TERM	INAL DISEASE OR COND)ITION GIVEN	IN PART 1	01
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY IN		NGS USED OF DEATH?
MEDICAL CER		EATH HOUR A	.M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	I IN ITEM 18, PART	1 OR PART 2)	
MED	214. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
	270.1 certify that (this hasp sow the deceased alive a above, (the (did) (did)	5/24	198	0	, 19.80 nd that in (my) (our) opinion (, to 5/24 death occurred on the do			that M (we)
	226. SIGNATURE Dated 226. PHYSICIAN'S NAME TYPE	Ch	Pen.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	IAN 🚰	5/25,	SIGNED /80
	DAVID CHEN,				V.A.M.C., F	ORT HOWARD,	MARYLA	ND	
230	BURIAL, CREMATION, REMOVA	L 23b. DATE	8,1980 M		EMETERY OR CREMATORY	23d. LOCATION	co	OUNTY	s Mel

25e. DATE REC'D. BY REGISTRAR 25b. REGI

1980

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ALLY SUITABLE DESIGNATION

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	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deal stall or attending physician.
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frer this certificate has been signed by the attending physician and completely filled in by the funeral direc he burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hour and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	1 1 /	4 0
I DECEASED NAME	FIRST	MODIE	AST	20 DATE OF DEATH	ONTH DAY YEAR	2b. HOUR
(TIPE OKPRINI)	HOWARD	MCK	AY	May 23, 19	80	11:05a
3. SEX	4 RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY IF UNDER 1 YEAR	IF UNDER 24 HRS
Mals	WHIT	S ADD	DAY YEAR	65	MONTHS DAYS	HOURS MIN
7a. BIRTHPLACE ISTATE OR FORE	0	WHAT COUNTRY?	7 10,1110	9 BALTIMORE CITY OR	COUNTY OF DEATH	
Wisconsin	11 < 0		D NEVER MARRIED	Baltimore		-
10 CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL NURSING HOME O		12e USUAL OCCUPATIO		OF BUSINESS OR
BOIT MARK	(IF NOT IN SUC	H FACILITY, GIVE STREET ADDRESS	1/00/701	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	
USUAL RESIDENCE LE NUESING	HOME OF OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSIONI	HODPITAL	129, 01 P. SU	P. IDALTO	0. (.0.
130 STATE	3ALTO.	LARKY ILLE	131. INSIDE CITY LIMITS?	130 STREET ADDRESS	RNEWOOD	DRIV
14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE		
SIMER	Mode	YKAY	MRISTIN	MODIE	Tun	5 K
160 WAS DECEASED EVER IN		IN SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	S	
(YES, NO OR UNKNOWN)	F YES, GIVE WAR OR DATES)	309 14 3256	Eamily	RECORDS		
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PART I. DEATH WAS		Carcinoma of C	olon with Live	er Metastasi	RETWEEN	ONSET AND DEATH
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Canditions, if any, v						
gove rise to immed	diote	R AS A CONSEQUENCE OF				0
underlying couse	lost (c)	CAS A CONSEQUENCE OF				
PART 2 OTHER SIGNIF		INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1	(0)
8						
190 DATE OF OPERATION	N 196 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h. IF YES, WERE FIND	
Ħ				YES NOW	IN CERTIFYING CAUSE YES	S OF DEATH?
210. ACCIDENT WAS UNDER	YING 216. TIME O	FINJURY	21c HOW INJURY OCCURE			
OR CONTRIBUTION CAL	SE OF DEATH	M. MONTH DAY YEAR				
(IF EITHER, NOTIFY MEDICAL E			211 LOCATION			
WHILE NOT WHILE AT WORK	LAT HOME STR	EET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
220 I certify that (th	is hospital) oftended the	deceosed from May 6	1,80	May 23	19.80	, that 💢 (we) last
saw the deceased above, (X(we) (did	alive on May 23		nd that in (🎉) (our) opinion (death occurred on the dat	e and hour and from the	couses stated
226. SIGNATURE			DEGREE		22c. DAT	ESIGNED
1/1/	surre	= 11	ATTENDING PHYSICIAN	MEDICAL STAFF		23-8
224 DUVELCIANTE NIAM			Tas: ADDRESS	,		

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: Af should be detached for use as the with the State Dept. of Health

IMPORTANT: If Item 21 is marked or Item 18

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL BURIAL 8802

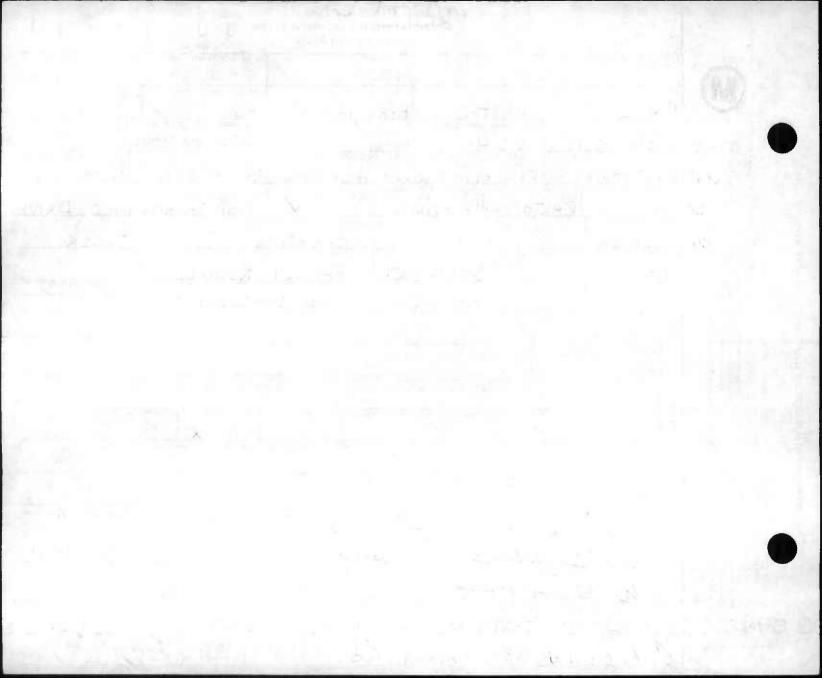
23b. DATE

BALTO. 23c. NAME OF CEMETERY OR CREMATORY 250. DATE REC'D, BY REGISTRAR IS ALL STRAP'S S

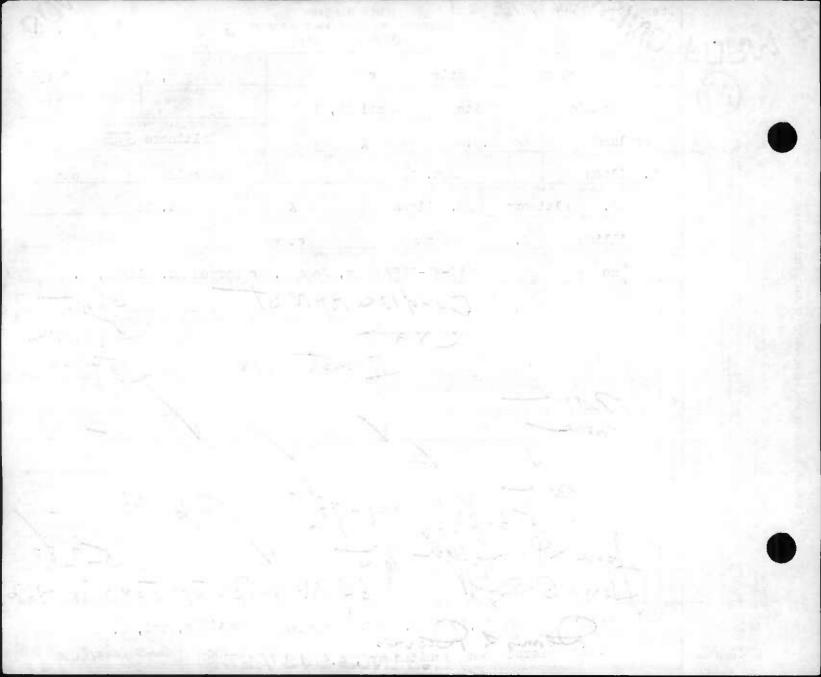
9000 Franklin Square Drive 21237

COUNTY

STATE



	1. DECEAS		FIRST		MIDDLE		AST	2e DATE OF DEAT	H MONTH	DAY YEAR	2b.
4	(TYPE OR PR	NT)	Esther	c	Marie	M	cPHERSON	Ma	ay 6, 19	980	
9	3 SEX			4 RACE		5. DATE C		& AGE (IN YEARS LA		IF UNDER I YEAR	IF HC
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page ined by the hospital ar attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directly disclosured for the state of the build be detected for use on the businistronial persons the please remove contampopers. Pages 1 and 2 should be filed withfung hours the state force of the plants and Marial Harmans and the hind, removed the state force of the plants and Marial Harmans and the hind, removed to the plants and the plants and the plants are proposed to the plants and the plants are proposed to the plants and the plants are plants.
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE R - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS Louise McWilliams 80 Jameson IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH Female White 6 1889 9 90 To. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? COUNTRY) MARRIED NEVER MARRIED Maryland Baltimore County USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Reisterstown 11904 Reisterstown Rd. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS Maryland Baltimore Reisterstown 11904 Reisterstown Road NO W 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE William Penn Jameson Louise Murphy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213-38-4877 C.E. McWilliams, Reisterstown, Maryland No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Cancer breast bilateral IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF c metastasis 5 years Conditions, if any, which gave rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT sho 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE August 80 220.1 certify that (1) XIII S TOSPICO attended the deceased fram_ 80 saw the deceased alive on above, (1) (ve) (did (0,0)) and that in (my) (ar) apinian death accurred on the date and hour and from the causes stated e body ofter death 22c. DATE SIGNED * ATTENDING MEDICAL STAFF 5-5-80 MPORTANT. 11904 Reisterstown Road C. E. McWilliams, M.D. Reisterstown, Maryland 21136 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 1980 St. Charles Cath. Cem. Indian Head, Charles Co. Burial 24 FUNERALDIRECTOR 250 DATE REC'D. BY REGISTRAR 55. REGISTRAR'S SIGNATURE Owings Mills, Md.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. retained by the hospital or attending physician.

	FOR - STATE REGISTRAR	DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 3 ())	7 4 3
att.	1. DECEASED NAME FIRST (TYPE OR PRINT)	lizabeth MEAD	OWS	LAST	May 23,	1980	6:12P M
	Female	White	MON	OF BIRTH 1905 VEAR	6 AGE (IN YEARS LAST ORT	YRS.	AYS HOURS MIN.
72 hou	, 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	TRY?	ED NEVER MARRIED D	Baltimore city o	County of DEAT	MD
within a second	Baltimore	11. NAME OF HOSPITAL, NO (IF NOT IN SUCH FACILITY, GIVE Franklin So	STREET ADDRESS)		12d USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewif	F WORKING LIFE) INDUS	of BUSINESS OR TRY nemaking
find be fill	USUAL RESIDENCE (IF NURSING HOME 136 STATE 136 CO Maryland Ba.	ON OTHER INSTITUTION, GIVE RESIDENCE UNITY 13c. CITY OR Ltimore Balti	TOWN	134 INSIDE CITY LIMITS? YES NO TO	13. STREET ADDRESS 3005 Edg	ewood Ave	
Completely 1 and 2 and	IN FATHER'S NAME FIRST John IN WAS DECEASED EVER IN U.S.	MDDLE LASS C France		15 MOTHER'S MAIDEN NA FIRST Mary 17 INFORMANT	ME MIDDLE Magda	line Ep	pig
S. Peges	(YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES!	0-5070	Paul A. Me	eadows 300	5 Edgewood	od Avenue
in signed by the areadin hen, please remove, carb i to burial, cremation, b ny injury, or other traur		(6)	tive he	tic cardiovaso art failure, I	Previous myd	ocardia in	
ate has been permit. Tigiene prior	Diabete 190 Date of Operation 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION	ON WAS PERFORMED	YES NO	206. IF YES, WERE FII IN CERTIFYING CAU YES	
is certifical ial-transit lental Hygo or Item 18	OR CONTRIBUTING CAUSE OF	P.M.	DAY YEAR		RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PAR	72)
After the steep	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211 LOCATION STREET	CITY OR TOV		STATE
by the hospital or a ERAL DIRECTOR Cletached for use State Dept. of Hea ANT: If Item 21 is	tow the deceased alive above, M. (we) (did) (did 27% SIGNATURE	per view the body offer deofn.	VIII -	and that in (No. (aur.) apinion DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	221. D	—, that (Mc(we) lost the causes stated ATE SIGNED
TO FUNERAL should be detact with the State IMPORTANT:	224 PHYSICIAN'S NAME (TYP	idal MD			lin Square [or., 21237	
BP	236. BURIAL, CREMATION, REMOV Burial	236. DATE 5-26-80		cemetery or crematory	y Balto.	Balto.	
DHMH-16 25M (VRA 15, 4) 1/79	14 FUNERAL DIRECTOR LASSAHN FUNERA	L HOME 7401	s Belair	and the same of th	MAY 2 8 1980	ZDE REGISTRAR'S SIG	NATURE

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		3 SE)	F		ASIAN	5 DATE OF	BIRTH DAY YEAR 10 96	6 AGE IN YEARS LAST BIRTHD.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
de de funerol de XX	of our once.	المح	RTHPLACE (STATE OR FOREIC DUNTRY) LORD do. TY OR TOWN OF DEATH	U	N OF WHAT COUNTRY?	MARRIED WIDOWED		BALTIMORE CITY OR O		MD.
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in 24 ho y filled i should b	33	13a S	TATE Md.	COUNTY	Balto.	VN	13d INSIDE CITY LIMITS? YES NO D NOTHER'S MAIDEN NO	3531 Old Fr	ederick Rd.	
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h certificate iding physicia carbonpoper ar removal	otic event, the		18. CAUSE OF DEATH IE PART I. DEATH WAS IM/	CAUSEĎ BY MEDIATE CAUSE	0 1	men	my ede	ma		MATE INTERVAL CONSET AND DEATH
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quires signe hen p	ınlırıy.	NOI	PART 2 OTHER SIGNIFIC	CANT CONDITIO	INS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	melliter	1
The low rection. E has been at permit a grene prior	Shows only	CERTIFICATION	190 DATE OF OPERATION		CONDITION FOR WHICH	OPERÂTION		YES NO P	OB. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES	OF DEATH?
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NG PHY attendi	morked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	4 4 7 144	LACE OF INJURY DME, STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Spital or CTOR A	n 21 is m		22a l certify that (l) (thi saw the deceased a above, (l) (we) (did)	live on	May 19	80 , one		to 2 Me	and hour and from the	
by the horest particular by the horest part DIRE of detoched State Dept.	±		226 SIGNATURE	ZR	rue 11	1.25	TITISICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	N D	SIGNED 2 180
HOSPITAL sined by 1 FUNERAL sould be det	ORTANI —		JAME.		ROWE		22e ADDRESS	ut Nun	my the	me

DHMH-16 20M (VRA 15, 4) 7/7B

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 5/5/1980 Burial

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

23d. LOCATION CITY OR TOWN

COUNTY

Md.

STATE

23b. DATE

24 FUNERAL DIRECTOR Balto. Md. 21229 ADDRESS
G. Truman Schwab 3512 Frederick Ave. Balto. Md.

Balto. 250 DATE REGISTER P 256 REGISTRAP'S SIGNATURE



the second secon

		CEASED NAME OR PRINT)	FIRST Anthony	James	Michal	oski	REG. NO. 20. DATE OF DEATH MONTH DATE May 5, 1980	AY YEAR 2b. HOUR			
1	3. SE	Male	4 RAC			OF BIRTH YEAR YEAR	82	IF UNDER 1 YEAR IF UNDER 24			
1000	1	RTHPLACE (STATE OR FO	REIGN 76. CIT	IZEN OF WHAT COU	INTRY? 8	ED NEVER MARRIED	P. BALTIMORE CITY OR COUNTY OR Baltimore C				
Sofified	10. €	SSEX 21221	TH 11, N	AME OF HOSPITAL, I	NURSING HOME	OR OTHER INSTITUTION	CF2Y/3K DESTA TO LIFE	126. KIND OF BUSINES			
See See	USU 13a.	AL RESIDENCE (IF NURSI LATE Aryland	NG HOME OR OTHER I	NSTITUTION, GIVE RESIDEN 13 TELTY C LSSE	CE BEFORE ADMISSION	13d. INSIDE CITY LIMITS? YES NO 1	13. STREET ADDRESS 528 Dorsey Aven	ue			
Stamine 3	14. F/	THER'S NAME	sper Middle	ichaloski'	AST	15. MOTHER'S MAIDEN NAME FIRST Apaul:	ina Buetler	LAST			
medicol	16a Y	VAS DECEASED EVER (VES, NO OR UNKNOWN)	N U.S. ARMED F	Diversi	1 9267	Anthony G. M	ADDRES39 Ro ichaloski Baltim	ckaway Beac ore, Md. 21			
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ouy	CERTIFICATION	19a DATE OF OPERAT		- /		ON WAS PERFORMED	YES NO PYES				
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ed or Item 18 shows		21d. INJURY OCCURR	ILE []	T HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITORIOWN	COUNTY			
em 21 is marked ar Item 18 shaws		WHILE NOT WHAT WORK AT WORK 22a certify that (1) saw the decease	(this haspital) att		fram	1960	, to, ladeath accurred an the date and hour	9 80 , that (1) (w			
IMPORTANT: If Item 21 is marked or Item 18 shows		WHILE NOT WHAT WORK 22a.1 certify that (1) saw the decease abave, (1) (we) (d	(this haspital) attiding a live an id) (did nat) view	tended the discassed	fram	DEGREE ATTENDING PHYSICIAN		9 £0, that (1) (wand from the causes star 22c. DATE SIGNED			

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medical examiner must bimorkied at once.	IMPORTANT: If Item 21 is marked or Item 16 shows any injury, or other traumatic event, the medical examiner must bingor	-
0	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	2
completely filled in by the funeral director	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire-un-	
xecuted within 24 hours after deap Page	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dead. Pretained by the hospital or attending physician.	1-
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RE, MARYLAND 21201	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	1

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	0		1	4	6
	REG. NO.				

1	FOR STATE REGISTRAR		DEPARI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO).	1 /	7
	CEASED NAME FIRST		ZIANOWSK		AST	May 27,		DAY YEAR	1:50P
3 SE	x female	4 RACE	-	5 DATE C		6 AGE JIN YEARS LAST BIRTH	7	IF UNDER I YEAR	IF UNDER 24 HR
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3a	and the second s	ne or other institution. OUNTY ltimore	SIVE RESIDENCE BEFOR		134 INSIDE CITY LIMITS?	3320 Upton	Rd :	21234	
	ATHER'S NAME FIRST OSEPh	WIDDLE	Pasko		15 MOTHER'S MAIDEN NAME FIRST UNKNOWN	WE		LAS	ST.
	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	. ARMED FORCES? , GIVE WAR OR DATES)	166 SOCIAL SEC	URITÝ NO	17 INFORMANT Steve Gauza	ADDRE 3320 Upto			IMATE INTERVAL
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CALION	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR (b) DUE TO, OR (c) NT CONDITIONS CO	AS A CONSEOL AOPTIC S	TENCE OF TENOS 1	s and aortic NOT RELATED TO THE TERM	insufficien	ITION GIV	, WERE FINDI	NGS USED
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1005 Dundalk Avenue

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Walter Dabrowski

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ALF131 5/30/80 Holy Rosary

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ed of		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME		120 USUAL OCCUPATION	12b K	ND OF BUSINESS OR
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re Dep		161	11/2	1	ATTENDING	MEDICAL STAFF	7	OMMY 80
Star Star		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	4	22e ADDRESS	- DIRECTOR LIPTORIAN	<u> </u>	.,,,,
shaufd be det		Dr. Richard	Biggs		7401 Osle	r Drive		
Å ¥ ¥	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
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DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR
NAME
Lassahn Funeral Home

7401 Belair RoadJUN 4

Cokesbury Meth.Cem. Abington Harford

| 250 Date REC'D. BY REGISTRAR | 756. REGISTRAR'S SIGNATURE 1980

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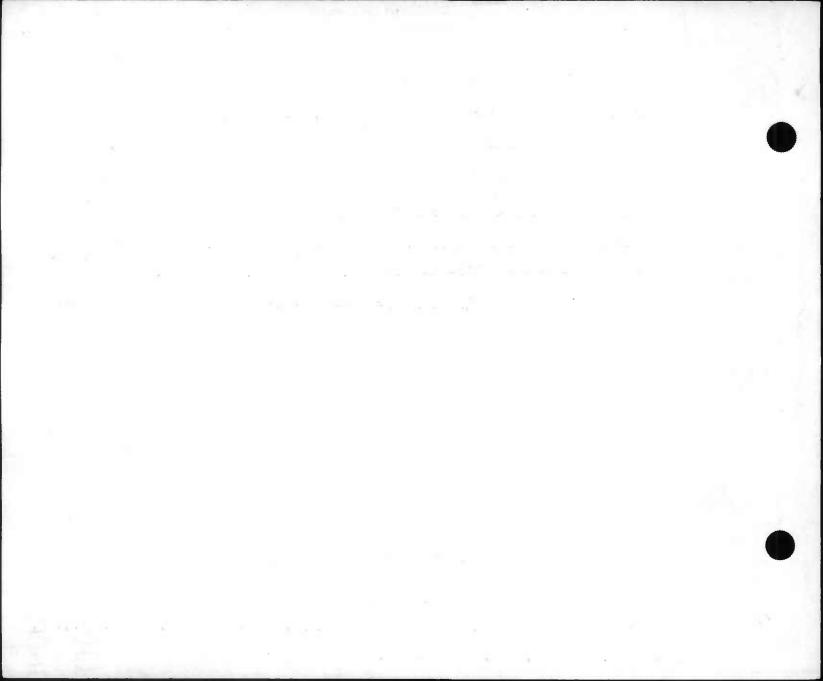
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 16, 1980 6:00 Walter May John Mobray 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS HOURS Male White March 80 2. 1900 70. BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Balte., Md. U.S.A. Baltimore County WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 3015% Fifth Carney Retired Aute Sales Avenue USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Fifth Avenue 21234 Maryland Baltimore 3015 Carney NOT 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE **LAST** Walter Mobray Sarah Campbel] 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No Mobray(Sen) 218-05-6055 Donald 3015% Fafth Av APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF fraum Conditions, if ony, which gove rise to immediate other i couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 0 PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO NO T YES [Sp 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Fer MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 0 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aux) apinion death occurred on the date and hour and from the causes stated 221/5/GNATURE 22c. DATE SIGNED DEGREE MEDICAL ATTENDING STAFF * PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e. ADDRESS Balto., Md. Z Harold 4706 Harford Road Harbold M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY STATE 3-17-80 Westview Memorial Pk Crematier 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24_FUNERAL DIRECTOR NAME ADDRESS

DHMH - 16 50M 7/77 (VR A 15 (4))

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTIAND 21201	TO HOSPITAL SATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral ulrectur, pour should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified account.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGICHE

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	REG. NO.				

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J. E. CONNELLY 300 MACE

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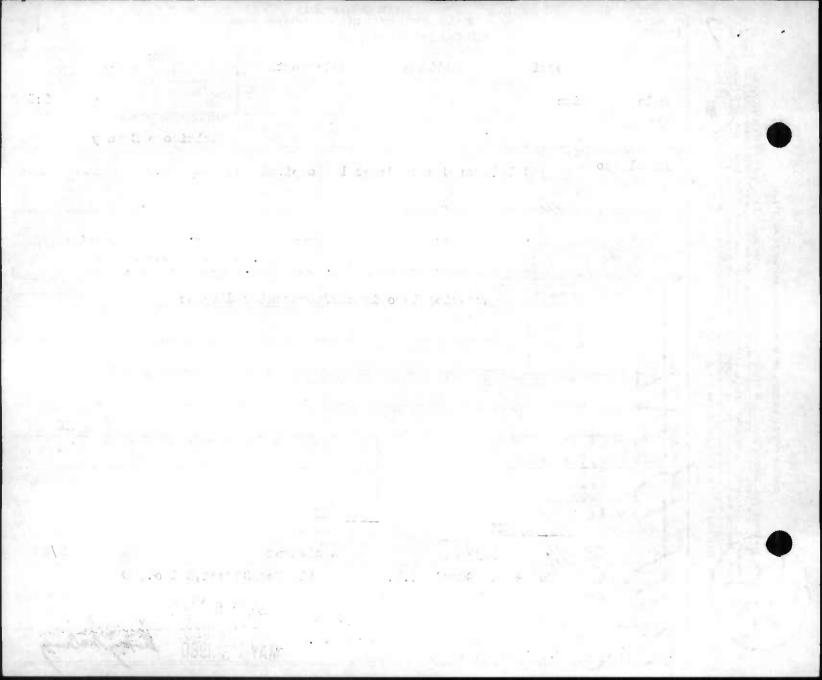
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EVAMINEDIC CERTIFICATE OF DEATH

1-:	FOR STATE REGISTRAR	,		DEPARTMENT OF P			0 11		1 5	1
	EASED NAME	FIRST		WIDDLE	LAST		20. DATE KNOWNXX		DAY YEAR	2b. HOUR
		Mor	ris	William	Mole	esworth	DEATH MATED	5 12	2 19 80	_ ^
3. SEX	nale	white	S. DATE OF BIRTH	year 6. AGE (IN YEAR LAST BIRTHDA 26 54 YR	AY) MONTHS DAY		24 HRS. 2c. DATE MIN PRONOUNCED DEAD		12 ₁₉ 80	2d:HOUR 2:30]
Id. BII	RTHPLACE (STA REIGN COUNTRY)	TE OR MD	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED XX	NEVER MARRIE		-		WE
Ra	ry or town o indalls t	own	Baltimo	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS) PRE County GE	eneral]	Hospita	12a. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	DF WORK 12h		USINESS TRY
13a. S		13b. COUN		13c. CITY OR TOWN Pikesville	13d. INSI		130. STREET ADDRESS 8 Walker Ave	•		
	THER'S NAME FIRST Morris		MIDDLE P.	Molesworth	M	ther's maidei ildred	C.		nkhaus	
	AS DECEASED S. NO. OR UNKNOW Yes	EVER IN U.S. AR	WAR OR DATES)	214-20-679		ormant Mr alker A	s. Lurline Mole ve., Pikesville	swort , MD	h 21208	
	gave rise cause (o) s lying cause		(b)	R AS A CONSEQUENCE C		ITION GIVEN IN PAR	Ţ I (a).			
CERTIFICATION	19a. DATE OF C	PERATION	. I9b. COND	ITION FOR WHICH OPER.	ATION WAS PERF	ORMED?			20. AUTOPSY	
CAL CERT	210. EXTERNAL UNDERLYING CONTRIBUTIN			M. MONTH DAY YEAR		JRY OCCURRED	AG 81 MATI NI YRU[NI PO BRUTAN RATNA) C	RT 1 OR PART 2		. 140
MEDICAL	21d. INJURY OF WHILE AT WORK			OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNT	'Y	STATE
	22a. I certify deoth resulted ACTUAL SIGNATURE		ge of the remains de	escribed obove, held an Accident . Sui		X Inspection omicide E(SPECIFY) SISTANT	Undetermined monner,	in my opinio	5/13	/80
-	EXAMINER'S N (TYPE OR PRIN	T)		Guard, M.D.	ADDRES		nnStreet,Balto.			
23a. BI	JRIAL, CREMATI	ON, REMOVAL	23b. DATE	23c. NAME OF CEA	METERY OR CREM	ATORY	23d. LOCATION CITY OR TOWN	COUNTY	- 5	MAJE

Entombment 5/16/80

Entombment 5/16/80 Druid Ridge Cemetery Pikesville Birector Loring Byers Funeral Directors, P.A 250. DATE REC'D. BY REGISTRAR 250. REC'D. BY REC'D. BY REGISTRAR 250. REC'D. BY REGISTRAR 250. REC'D. BY REC'D. BY REGISTRAR 250. REC'D. BY REGISTRAR 250. REC'D. BY REGISTRAR 250. REC'D. BY REGISTRAR 250. REC'D. BY REGISTRAR 250. REC'D. BY REGISTRAR 250. REC'D. BY REC'D. BY REC'D. BY REC'D. BY REC'D. BY REC'D. BY REC'D. BY REC'D. BY REC'D. BY REC'D. BY REC'D. BY REC'D. BY REC'D. BY REC'D. BY REC'D 24 FUNERAL DIRECTOR NAME 8728 Liber



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FIT ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO HOSPITAL OF ATTENDING PHYSICIAN retained by the hospital or attending physician.

		CEASED NAME	FIRST	A	NODIE		LAST		MONTH DA	Y YEAR 26 HO
	-		nn B.		MO]	LTER		May 10, 198		
	3 SEX		1	RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR IF UNDER
oud		Male		White		Sept	ember 15,1924		YRS.	
-		RTHPLACE (STATE OR FO	DREIGN 7b	CITIZEN OF W	WHAT COUNTRY?	MARRIE	D M NEVER MARRIED	1 BALTIMORE CITY O		OF DEATH
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57		TY OR TOWN OF DEA		UF NOT IN SUCH	IOSPITAL, NURSIN FACILITY, GIVE STREET LN Square	ADDRESS)	oital	170 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF THE	F WORKING LIFE)	izb. KIND OF BUSIN INDUSTRY Brewery
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ล้าก	4 FA	THER'S NAME		er Sr.	LAST		15. MOTHER'S MAIDEN NA	WE		LAST
1		AS DECEASED EVER	MOLT IN U.S. ARME		166 SOCIAL SECU	RITY NO.	Marie m	ADDRE	SS	
100		ES, NO OR UNKNOWN)	(IF YES, GIVE W					- C104 Wiles	A	- 24 206
event,		Yes IL CAUSE OF DEAT	I WW 2		219-14-0		Gladys Molte	er 6421 Alta	Avenu	APPROXIMATE INT
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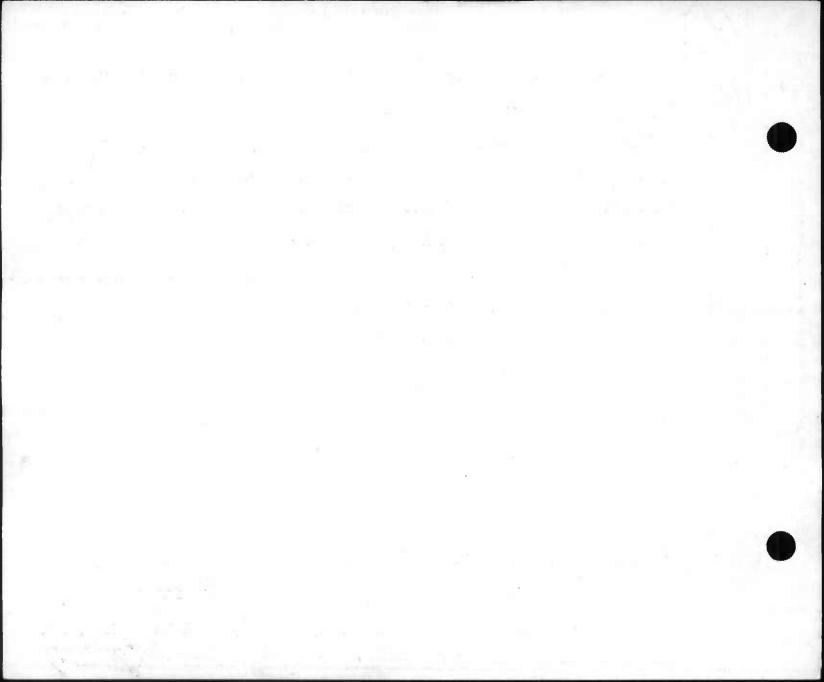
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	10	1.	FOR STATE			DEPART		EALTH AND MENTAL HY	SIENE B U	1	1 /	3 3
		L	REGISTRAR				CEKTIF	ICATE OF DEATH	REG. N	Ο.		
		1. DE	CEASED NAME	FIRST RU	ath MDDI	^t Ann	a '	AST Moon	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
y be			K	ITH	- An	INA	Y	100N	5/19/80	5-19	- 80	6AM
E	21/19	3. SE	x Female	4. F	MCE Cauc	asian	5 DATE C	OF BIRTH	AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
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a l	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7a B	RTHPLACE (STATE OR FORE OUNTRY). Ohio	IGN 7b.	CITIZEN OF WHA	AT COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMORE CITY	COUNTY O	FDEATH	
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24 h	filled ould b		ryland	COUNTY	13c. B	al tim	ore	13d. INSIDE CITY LIMITS? YES NO 2	3264 Gu	lford	Terr	
within	2 sh		ATHER'S NAME					15 MOTHER'S MAIDEN NA	ME			
ed ×	Som Som Som Som Som Som Som Som Som Som		Levi	· MIDD		wgill		Alice	WIDDIE		0sbo	rne
recu	dicol		WAS DECEASED EVER IN	U.S. ARMEI		SOCIAL SECI	URITY NO .	17 INFORMANT	ADDR	Swee Swee	t Air	Road
pe eq	Pog.		No	N/A		8-32-	5547	Mrs. Joyce		Phoe:	nix,	Md.21131
	pers ol.		IL CAUSE OF DEATH	Enter anly a	ne cause per line	for (ap (b), ar	nd (c).i	-4			APPROXIM BETWEEN O	MATE INTERVAL
tifico	a physical components of the c		PART I. DEATH WAS	S CAUSED B AMEDIATE C	Υ []	relie	- 1	conary Ar	restt			
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requires that the death certificate	gned n ple burio ry, or	_	PART 2 OTHER SIGNIF	ICANT CON	DITIONS CONTE	RIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	IN PART 10	,1
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MO.	s bee	CERTIFICATION	190 DATE OF OPERATION	N	196 CONDITION	N FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING	
The Ton.	how ho	Ë							YES NO	YES (NO 🗌
Nysic	Hyg 18 s	Ü	218. ACCIDENT WAS UNDER OR CONTRIBUTING CA		216. TIME OF IN. HOUR A.M.	JURY MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	I OR PART 2)	
O P	certification and them literal	S S	(IF EITHER, NOTIFY MEDICAL		P.M.		19					
HA	d M	MEDICAL	21d. INJURY OCCURRE		21e PLACE OF III		FARM FTC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TENDING PHYSICIAN	ther the hon hon orked	2	AT WORK AT WORK			meroni, orrice.						
0 0	R: Af		220.1 certify that (I) (t		ottended the de	ceased from_			, ta	. 19		that (I) (we) last
rTE	21 i		saw the deceased abave, (I) (we) (dia	olive on	ew the body after	r death.		nd that in (my) (our) opinion	death occurred on the d	ate and hour o	nd from the c	auses stated
hos	hed hed hed hed		226 SIGNATURE	10-	71			DEGREE			22c. DATE S	SIGNED
AL	AL D detoo ote D IT. IF		Wal	len	11 94	>m	714	ATTENDING PHYSICIAN	MEDICAL STA		5/19	/80
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O HOSPITAL	should be a with the Str		Walter	Нерг	ner III	M.D		Phoenix, I	Maryland	21131		
O e	5 € 3 ₹	23e	BURIAL, CREMATION, RE		3b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		NAME OF THE OWNER OWNER O	STATE
BP.		I (Cremati	on	5/20/8	0 3	ecuri	ty Process	Catonsvi		Balt	· Md ·
) ,	HH 14 20H	24 F	JNERAL DIRECTOR	<u> </u>		ADDRESS		25a DAT	E REC'D. BY REGISTRAR	25b. REGISTRA	P'S SIGN ATI	39
	MH-16 20M (15, 4) 7/78	Ma	cNabb Fun	eral	Home	Cator	svill	Le, Md. N	IAY 2 0 1980	July 1	7//	resing
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STATE OF MARYLAND



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af

		FOR STATE REGISTRAR		CERTIFI	EALTH AND MENTAL HYG CATE OF DEATH	REG. N		THE STATE OF	
	(TYPE	CEASED NAME FIRST OR PRINTING LAWRENCE	MIDDLE	MOONEY		20 DATE OF DEATH	5-24-80	11.21	
100	3 SEX		R. I4 RACE	5 DATE O		6. AGE (IN YEARS LAST BIR		AR IF UNDER 24 HRS	
N/III		IALE	WHITE	MONTH		83	MONTHS DA	YS HOURS MIN.	
BS	7a. BII	RTHPLACE (STATE OR FOREIGN DUNTRY) Md.	76. CITIZEN OF WHAT COUNTR	Y? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY OF DEA Baltimore Co 128 USUAL OCCUPATION 128. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDI			
256 no		OWSON, MD.	GREATER BALT	SING HOME O				OF BUSINESS O	
35	13a S	AL RESIDENCE (IF NURSING HOME O TATE 13) COU	ROTHER INSTITUTION GIVE RESIDENCE BEINTY 13. CITY OR TO Baltimo	NWN	134. INSIDE CITY LIMITS? YES 🗽 NO 🗌	130 STREET ADDRESS 8 Charles			
300	I4. FA	THER'S NAME FIRST Thomas J.	Mooney S	Sr.	15. MOTHER'S MAIDEN NA. FIRST Catherin	MIDDLE	Vog	LAST	
the med	léa W	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 214-22-		Mr. Roger P.	Mooney 207	ESS	M	
ny injury, or other traur	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT ORGAN	CONDITIONS CONTRIBUTING T	OMA OF	THE BLADD		IDITION GIVEN IN PART	1(0)	
shows a	CERTIFICATION	190 DATE OF OPERATION 4-7-80	BLADDER T		WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS		
narked or Item 18	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK AT WORK AT WORK	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURI 21f LOCATION STREET			STATE	
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_	{5	URIAL, CREMATION, REMOVAL Burial JNERAL DIRECTOR		NAME OF CE			e, Maryland	STATE	
25M I) 1/79		eonard J. Ruck	ADDRESS		and MA		La A	0/1.	

STATE OF MARYLAND

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requires that the death certificate be executed within 24

ATTENDING PHYSICIAN:

1 FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ν	REGISTRAR				CERTII	FICATE OF DEATH	REG. N	10			
	ECEASED NAME	FIRST		MIDDLE		LAST	2ª DATE OF DEATH		DAY YEAR	2b. HOUR	
150		JAME	S ALLEN	MOORE			May 8, 198	30	45.0	6:30a	A M
3. SI	Male		4 RACE Wh:	ite		ember 15 1914	6 AGE (IN YEARS LAST BIR	YRS	MONTHS DAYS	HOURS M	HRS AIN.
	Penna.	OREIGN	U.S		MARRIE WIDOW	D NEVER MARRIED	Baltimore CITY	OR COUNT			MD.
10 (Rossville	ATH	LIF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET, NKLIN Squ	ADDRESS)	OR OTHER INSTITUTION Tospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) None			F BUSINESS	OR
13a	AL RESIDENCE (IF NUR STATE Maryland	ING HOME OR	OTHER INSTITUTION, ITY	GIVE RESIDENCE BEFORE 134 CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 4612 Fra	Ba] nkford	lt., Md. d Ave.	21200	6
14. F	ATHER'S NAME FIRST	,	A.	Moore		Bessie	WIDDLE		Mallo	ry	
160	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	216-22-4		IT INFORMANT Siste Elsie Levengo	ood 4612 F	1	Balt., Mord Ave.	id. 212	206
N	Canditions, if any gave rise to immicause (a), stating underlying cause PART 2 OTHER SIGI	mediate ng the last	DUE TO, OI	R AS A CONSEQUE	NCE OF	Cerebryascula		NDITION GI	VEN IN PART 10	D1	_
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN		,
	218. ACCIDENT WAS UNI	CAUSE OF DEA		M. MONTH DA	YEAR	21c HOW INJURY OCCURR				МОÜ	
MEDICAL	21d. INJURY OCCUR	HILE	210 PLACE ((AT HOME, STR	OF INJURY PEET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITYORTO	WN	COUNTY	STATE	
	saw the decease above, 15 (we) (c				May 30。	1 , 19.80 and that in (\cancel{K}) (our) apinian c	, to <u>May 8</u> death occurred on the o	late and had	ur and fram the		
	22b. SIGNATURE	Hel	Xia,	111			MEDICAL STA		22c. DATE 5-8	SIGNED P-8	0
	Mari	d A	Bia	2		119 LION	HEAD C	T, B.	ALTON	10,21	23
230	BURIAL, CREMATION,		May 12			EMETERY OR CREMATORY	23d. LOCATION CITY OR JOWN		COUNTY	STATE	

BP. DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Ptwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows

any injury, or other traumatic even

14 FUNERAL DIRECTOR
Leonard J. Ruck, Inc.

Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
MAY 9 1980 Fintry holzerdy

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injury, or other traumotic event, the

should be detached for use as the burial-stansit permit. Then please remove carbanpaps with the State Dept-of Health and Mental Hygiene priar to burial, cremation, ar remaval

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any

TO FUNERAL DIRECTOR. After this certificate has been signed by the

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physicion

FOR
STATE
DECLETEAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

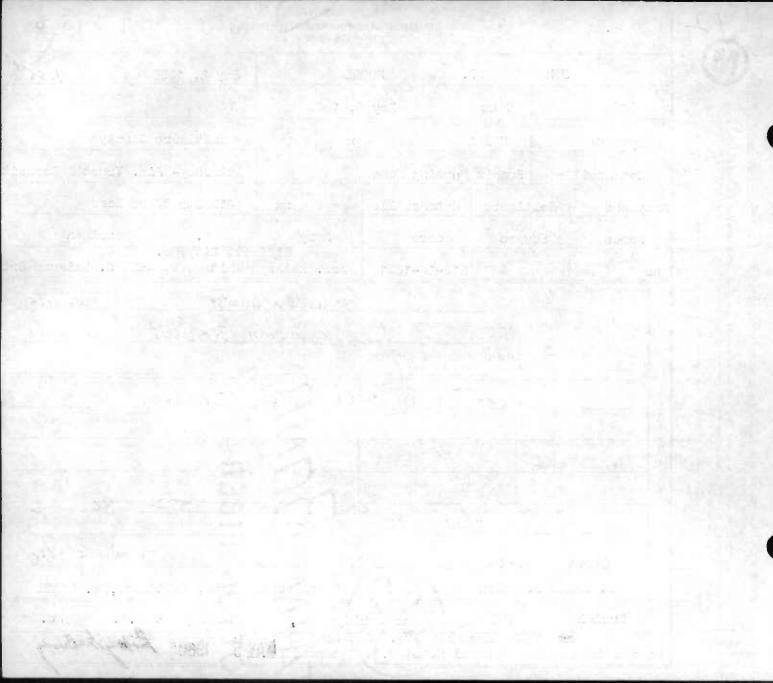
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REG. NO.					

REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO		
1 DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE		AST	2a DATE OF DEATH		Y YEAR	26 HOUR
	JOHN		3.	MOC	DRE	May 2,	1980		1:55 M
3 SEX Male		4 RACE Cauc		5 DATE O		6 AGE (IN YEARS LAST I		NIMS DAYS	HOURS MIN
BIRTHPLACE (STATE OF COUNTRY) Maryland	DR FÖREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY Baltim			MD.
Catonsvi		(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET Nursing	ADDRESS)	OR OTHER INSTITUTION	12d USUAL OCCUPA (TYPE OF WORK FOR MOS Attorney			& Deposi
USUAL RESIDENCE (IF N 130 STATE Maryland	13b COU	ROTHER INSTITUTION NTY timore	GIVE RESIDENCE BEFORE 13c CITY OR TOW Catonsv	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRES 413 Str	s atford	Road	
James		ward	Moore		Mary	E. MIDDLE		arrima	sī an
160 WAS DECEASED EV (YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	215-10-1		Mrs. Kathry				
18 CAUSE OF DE PART I. DEATH 43 Conditions, if a gove rise to	IMMEDIA	ED BY. TE CAUSE (0)	R AS A CONSEQUE		Respunctors	anost Cardend	leut	SR	ends
couse (a), strunderlying co	ating the use last.	CONDITIONS CO	Middle	LE CO	NOTRELATED TO HE LERA ON WAS PERFORMED	14	20b. IF YES, V	WERE FINDI	1.1
OR CONTRIBUTING (OF CONTRIBUTI	CAUSE OF DE	P. 21e PLACE	M. MONTH DA	AY YEAR 19	21c HOW INJURY OCCUR	400		T 1 OR PART 2)	STATE
22a. I certify that sow the dec obove, (1) (ww 22b. SIGNATURE	(I) (this hosp cosed alive or a) (did) (did	nolar			22e ADDRESS		TAFF SICIAN [22c. DATE	12/80
230. BURIAL, CREMATIC	N, REMOVAL	23b. DATE 5/5/8			EMETERY OR CREMATORY	23d. LOCATION DOTSBY	A. Á		Ma ^{STATE}

DHMH - 16 60M 1/75 (VR A 15 (4))

Meadowridge Cem.

RECTOR AN 1630 Edmondson Ave., Catonsvilles DATE RECTO. BY REGISTRAR 25b. RY
Catonsville Funeral Home, P.A. CatonsvillMAN 5 1980



-					STATE OF MARY				
9		1-	FOR STATE		MENT OF HEALTH AND	P	4 (1	1 7	5 /
4	190) DE	REGISTRAR CEASED NAME. FIRST	MEDICALE	XAMINER'S CERT	IFICATE OF DEA	REG. 140		
4	(15A)		FOR PRINTIFIC ON AMO		4.4		20. DATE KNOWN	MONTH DAY	YEAR 26. HOUR
- 1	49 m 8 m	3. SEX	17 COX HUC		6. AGE (IN YEARS IF UNDER T	OUKOS YR. IF UNDER 24 HRS.	DEATH MATED	J - 19	YEAR 2d. HOUR
	IREC UR + 22 HC 2 STR	Y	100 White.	MONTH DAY YEAR 5 17	LAST BIRTHDAY) MONTHS DA		2c. DATE PRONOUNCED DEAD	5 21	80124
	SSARY, SAL DIR YOUR YOUR STON	7a B	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNT	DY2 8		9. BALTIMORE CITY	OR COUNTY OF D	IA. W
	N FOR	ct	los GRECE	USA	MARRIED L	NEVER MARRIED DIVORCED	Ballo	Co	MD.
	LAY IS O THE PAGE E FILED	ID. C	ossville Mu:	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		STITUTION 17a. USU	AL OCCUPATION (TYPI	E OF WORK 12b. KIN	ID OF BUSINESS INDUSTRY
21201	IF ANY DE 2, AND 3 T SHOULD B RECORDS	USU/ 13e. S		ROTHER INSTITUTION, GIVE RESIDENCE BY		SIDE CITY LIMITS? 13e. STRI	ET ADDRESS	IlaC) à	2/237
.2	I E	14. F	THER'S NAME	0 10		OTHER'S MAIDEN NAME	1 carre	11401	
, MD.	DEATH. II		Constantinos	MODLE MOG	AST	ggelikie	WIDDLE	762	nakie
ORE	PAGE FORM S 1 AN	160. V	AS DECEASED EVER IN U.S. ARA	NED FORCES? 166. SOCI		FORM 7415 D	unman AGWay		
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE,	ш ш О	(4	NO I (IF YES GIVE	J 63	307450 CC	onstantino	s A. Mouz	oukos	THE ZIZZ
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ST.			PARTIDEATH WAS CAUSED	ECAUSE (a) ather		e Cardis	Jaccular	Descre	LINE LINE
O N			4199	DUE TO, OR AS A CONS	SEQUENCE OF				
RES	ITHIN IER A NSIT		Conditions, If any, which	(4)					
3.	UTED WITHIN N PENCIL IN EXAMINER VIAL-TRANSIT MENTAL HYOOR REMOVA		gave rise to immediate cause (a) stating the <u>under-</u>	(b)	EQUENCE OF				
- 0	CUTED WITHIN IN PENCIL IN L EXAMINER A URIAL-TRANSIT 4D MENTAL HY	20	lying cause last.	(c)					
. Sc. 3	XECU GAL BUR AND ON, O		PART 2 DINER SIGNIFICANT CONDITIONS	DATRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1 (g)			
0.0	"PENDING" "PENDING" SED AS A BUI HEALTH ANG CREMATION,	Z	ylan Con	detin cento	intes obes	ity.			
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DF V	FICATE SHOTTE SHOTTE WORD OF THE CHOULD BE URTAKENT OF TO BURLAL.	W.	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH	21c. HOW IN.	JURY OCCURRED (ENTER N	IATURE OF INJURY IN ITEM 18		
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/1810	CERTIFICATE SITING THE WONDED TO THE OF SITING THE WONDED BE DEPARTMENT PRIOR TO BURIL	MEDICAL	21d. INJURY OCCURRED		(AT HOME, 21f. LOCATIO	N			
ā	: THIS CER E, WRITING RWARDED PAGE 3 S STATE DEF	>	AT WORK AT WORK	SIREEL, PACTORT, PARM, ETC) SIRECT		CITY OR TOWN	COUNTY	STATE
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		H		al causes X, Accident			ermined manner	o in my apimon	
1	EXAMINE CERTIFICA ULD BE FI DIRECTOI WITH THI		1 0	, recount		LE (SPECIFX)	inineo manner		
	AL EXA HE CER HOULD AL DIRI TH, WII		ACTUAL SIGNATURE	n C. Hyle	M D	Dull.	CALEXAMINER	DATE SIGNED	-21-80
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	TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE A SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARYLAN	23a.B		16. DATE 23c. N.			CATION	COUNTY	
	BP	(3	PECIFY) WAKBUTIA!	5/22/80 xG	ame of cemetery or crea Oak Lawn Carx Morrito	Ba	ltimore		land
100	DHMH - 17	24. F	INERAL DIRECTOR Buda-	Ruck , Inc.			REGISTRAR 256. REC	TRAR'S SIGNATU	DE (
	(VR A15 ME (5)) 15M 7/77	7	22 Wise Aven		MD 21222	MAY 2 7	1980	Hay Mal	nong

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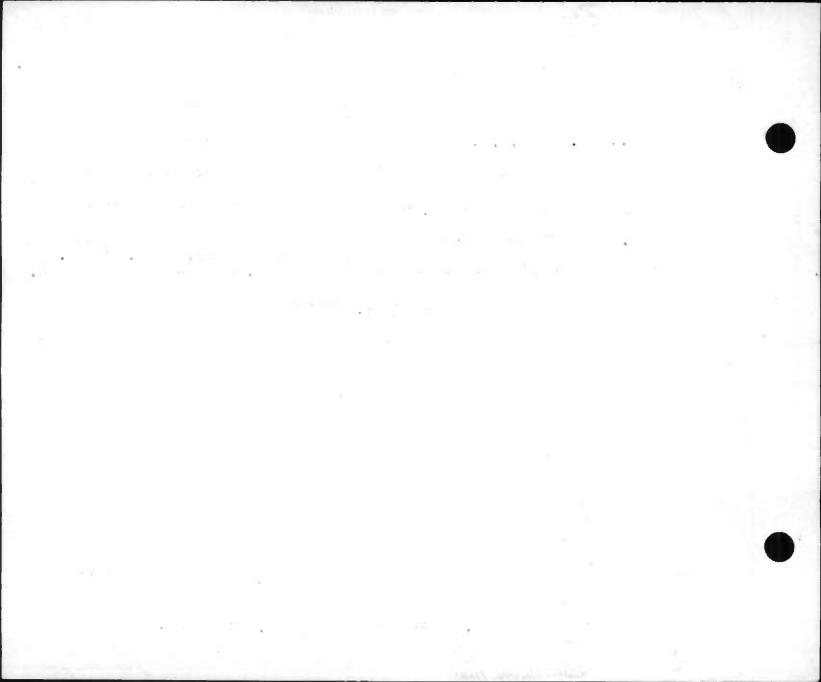
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.					

B i	4	REGISTRAR										
9		CEASED NAME	FIRST		MIDDLE		AST		F DEATH		DAY YEAR	2b HOUR
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	3. SE)	emale	3.1K	4. RACE Whi	te	Jul	Ly 26,1924	6. AGE (IN	YEARS LAST BIRT	HDAY)	MONTHS 18	
2		RTHPLACE (STATE	OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED		ORE CITY O	R COUNT	TY OF DEATH	
55	M	aryland		U.S.		WIDOWE	D DIVORCED		ltimo			KL.
20		ty or town of ltimore		3827	Sou them	ADDRESS)	OR OTHER INSTITUTION	120. USUAL (TYPE OF WO	OCCUPATION OCCUPATION	ON FWORKING IE	LIFE) 12b. KIND INDUSTR	OF BUSINES Y
35	130. S Ma	ryland	NURSING HOME OR 136 COUN Bal	other institution.	Baltime	N	13d. INSIDE CITY LIMITS? YES NO 🛣			outhe	ern Cr	oss F
)30	14 FA	Jeffe	rson	R.	Boone		Clara	WE	MIDDLE			ntz
1		VAS DECEASED E LES, NO OR UNKNOWN NO		WAR OF DATES	220-14-2		Thomas E. I	Moxle			timore mons C	
		4141	1	DUE TO OF	R AS A CONSEQUE	NCE OF	0-1101		1 1	d	/	,
	N		immediate stating the ouse lost.	(b)	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO C	NCE OF	ASHD, che	MIL &	the of	b.	IVEN IN PART	6 yr
9	TIFICATION	gove rise to couse (a), s underlying co	immediate stating the ouse last.	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEA 200 AUT YES		20b. IF Y	ES, WERE FING	OINGS USED
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9		gove rise to couse (o), s underlying countrying countrying countrying country and country was a contributing (if either, notify a 21d INJURY OCCUMPILE NOTIFY a 22d I certify the sow the decay of the decay of the country in the coun	immediate interest of the outer last of the outer last. SIGNIFICANT COMMENT C	DUE TO, OR (c) 19b. CONDITIONS CC 19b. COND	R AS A CONSEQUE ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATION OPERATION AY YEAR 19 ARM. ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUT YES RED (ENTER N	OPSY? NO INTURE OF INJUR CITY OR TOW	20b. IF Y IN CERT Y IN ITEM 18	ES, WERE FINE (IFYING CAUSI YES , PART 1 OR PART 2) COUNTY	DINGS USED ES OF DEATI NO
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DHMH - 16 50M 7/77 (VR A 15 (4))

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(M)	3 SE	Male	White MON			8 YRS.	DAYS HOURS MIN.
er dooth. P	1	IRTHPLACE (STATE OR FOREIGN 76 ONNTRY) 3 2 1 M C.M. M.	CITIZEN OF WHAT COUNTRY? 8. MARRI WIDOW NAME OF HOSPITAL, NURSING HOME		9 BALTIMORE CITY C Balta 126. USUAL OCCUPATI	now Con	unty MD.
hours ofter d in by the be filed w	USU	at RESIDENCE (IF NURSING HOME OR OTH	(IF NOT IN SUCH FACILITY GIVE SINGET ADDRESS)	TN.H.	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUS	nd of Ausiness or STRY Seel Worke
filled ould		ATHER'S NAME	Imon Eatonsvill	13d. INSIDE CITY LIMITS? YES NO 115. MOTHER'S MAIDEN NAM		x Avenue	21228
		VAS DECEASED EVER IN U.S. ARMEI	nomas Murray DEFORCES? 166 SOCIAL SECURITY NO.	Minna 17. INFORMANT	MIDDLE ADDRE	ess Van	Dittmar Buenie m
ficate be executivated by thysician and compagers. Pages I payer, the medical		NO I IF YES, GIVE WA		12 ms Jam	is Ina	16-2106	1-746-397 PPROXIMATE INTERVAL WEEN ONSET AND DEATH
equires that the death considered by the attending Then please remave carb to burial, cremotion, arrivinjury, or ather traumatic	NOI	Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) NOTIONS CONTRIBUTING TO DEATH BU	TNOT RELATED TO THE TERMIN		Saus DITION GIVEN IN PAI	RT Î(o)
NG PHYSICIAN. The low requires the otherating physician what this certificate has been signed by site buriol-tronsit permit. Then pleon thand Mental Hygiene prior to burial, orked or Item 18 shows any injury, or a	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAL YES	
HYSICIAN: The right of the physician in scertificate he burial tronsit is a Mentol Hygier or Item 18 show	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e, PLACE OF INJURY	211. LOCATION			
TENDING P tral ar other OR: After th or use as the f Health angel	W	WHILE AT WORK 220.1 certify that (this hospital) sow the deceased alive an	3.24. 10 80	STREET 19 19 10 d that in (my) (our) opinion di	, to 5-	20-, 19.86	, tho (I) (we) lost
TAL OR ATTEN y the haspital RAL DIRECTOR detached far u note Dept. of He		obove, (I) (we) (did) (did not) vi 226. SIGNATUR	ew the body offer death.	DEGREE ATTENDING &	MEDICAL STAI	22c. C	DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be detroited with the Store IMPORTANT:		DAR SHAW	· S. SAZUJAM	1220. ADDRESS Aus	ing Ha-	e, Calins	ville.
00 BP	(Burial	. /- /-	cemetery or crematory athedral Cem	23d location city or town Baltimo	re City	STATE Waryland
DHMH - 16 50M 7/77 (VR A 15 (4))		oneral director CNabb Funeral	Home Catonsvil	le. Md. MAY	rec'd. By registrar 129 1980	property !	the Districty

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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FUNERAL DIRECTOR:

should be detached for with the State Dept.

marked or Item 18

MPORTANT: If Item 21

STATE OF MARYLAND

- STATE REGISTRAR			DEPARTE		FICATE OF DEA		REG. NO.		0
1 DECEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(TO CONTRACT)	Eva		Α.		MYERS		May 14 1080		12:15%
3 SEX		4 RACE			OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
Female		Whit	.e	8		895	84 YRS.	MONTHS DAYS	HOURS MIN
To. BIRTHPLACE (STATE OF	R FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	B	G		BALTIMORE CITY OR COUNT	Y OF DEATH	
Ohio		U.S.	Α.	WIDOW	DXX NEVER MAR		Baltimore Coun	tv	M
10 CITY OR TOWN OF D Rossville	EATH	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET, IN Square	ADDRESS)	OR OTHER INSTITUTION	TION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND C	OF BUSINESS OR
USUAL RESIDENCE (# NI 134 STATE Maryland	136 CO	or other institution. JNTY imore	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Dundalk	ADMISSION)	134. INSIDE CITY I	IMITS?	130. STREET ADDRESS 6750 Woodley R	oad	
14 FATHER'S NAME FIRST M.		MIDDLE J.	Paisley		IS MOTHER'S MA FIRST Mart		ME	Arno	51d
160 WAS DECEASED EVE (YES, NO OR UNKNOWN) NO		RMED FORCES? IVE WAR OR DATES)	16 SOCIAL SECU 400/10/07		Mrs. Nan	су А	Batzor	nadette	Drive
	IMMEDI. iny, which mmediate fing the	DUE TO, O	ardiopuln	nonar	of Chroni	c Ren	al Failure		IMATE INTERVAL ONSET AND DEATH
PART 2 OTHER SIG		(c)				THE TERM	IN AL DISEASE OR CONDITION G	IVEN IN PART 10	0'

WHILE

276 SIGNATURE

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

190 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

AT WORK

saw the deceased olive on

220.1 certify that (this hospital) attended the deceased from May 14

Steven R. Mohlie M.D.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

MONTH DAY YEAR

April

HOUR A.M.

P.M

21e. PLACE OF INJURY

view the body ofter death

NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

STAFF

Baltimore

200 AUTOPSY?

May

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I

COUNTY

STATE

and that in (our) opinion death occurred an the date and hour and from the causes stated

22c. DATE SIGNED

5/14/80

DIRECTOR PHYSICIAN

Md.

234 LOCATION

MEDICAL

Franklin Square

DHMH-16 25M (VRA 15, 4) 1/79

23e BURIAL, CREMATION, REMOVAL 23b. DATE Burial 5/16/1980

Walter Brooks Bradley Inc.

224. PHYSICIAN'S NAME (TYPE OR PRINT)

Baltimore, Md.

Parkwood Cemetery

DE GREE

MD.

ATTENDING

PHYSICIAN |

211. LOCATION

22e ADDRESS

9000

23c. NAME OF CEMETERY OR CREMATORY

9

25a. DATE REC'D. BY REGISTRAR 25b. REDISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS,	
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	1 -	em 11 per call FOR 6/5/80 dad REGISTRAR FASED NAME FREST	DEDARTH	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 1 1 7 6 2 REG. NO. 120. DATE OF DEATH MONTH DAY YEAR 120. HOUR
		CEASED NAME 'FIRST OR PRINT) James	A.	Nea1	5 25 80 10:251
	3. SEX		4. RACE White	5. DATE OF BIRTH MONTH 1 DAY YEAR 42	6. AGE (IN YEARS LAST BIRTHDAY) 1 FUNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MIL
35	7a. BIF	RTHPLACE (STATE OR FOREIGN DUNTR M . D .	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore County OF DEATH Baltimore County
4	10 CI	Baltimore	11. NAME OF HOSPITAL, MURSIN Media Backfadire Truser - Church-Home Me		(126. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Clerk R.P.S.
33	NSUA 13a S	TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13(, CITY OR TOW)	N 13d. INSIDE CITY LIMITS? YES NO	2514 McComas Street 21222
30	4 FA	THER'S NAME Edward	Neal	15. MOTHER'S MAIDEN N Dorothy	AME Ayers Ayers
medicol	6a W	/AS DECEASED EVER IN U.S. AR/ ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU 213-40-1		Neal 2514 McComas Avenue
any injery, or other tro	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stofing the underlying cause last PART 2 OTHER SIGNIFICANT C			MINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
1	RTIFIC				YES NO YES NO
9	17001111	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
0.000	MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
21 is mo		22a.1 certify that (1) this hospit sow the lectors alive on above 1 we did that no	tol) oftended the deceased from	ond that is (my) our) opinio	n death occurred on the date and hour and from the couses stated
TANT, if hea		226. SIGNATURE OF THE STATE OF THE OTHER OF THE OTHER OF THE OTHER	R PRINT)	22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN 2226. DATE SIGNED
MPORT	22- 5	JOHN R. W	INGARD 1236. DATE 1236. N	1576 MEK	PITT BIVD., BALTIMORE, MDZ
	230. E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		eadowridge Memoria	CITY OR TOWN COUNTY STATE
77		UNERAL DIRECTOR Walter Dabrowsh		25a. D.	ATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE? CERTIFICATE OF DEATH REG NO

_						K	EG. NO.				
	OR PRINT)	IRST	WIDOLE	LAST		20. DATE OF DE	ATH MONTH	DAY	YEAR	2b HOI	UR
	Robi	inson	New	comb			5	29	80	9:3	30 PM
3 SE	Х	4 RACE		E OF BIRTH		6. AGE (IN YEARS L	AST BIRTHOAY)	IF UND	ERIYEAR	IF UNDE	
	Male	White	MOI		0178	78	YR	MONTHS RS	DAYS	HOURS	MIN
	IRTHPLACE (STATE OR FOREK	GN 76. CITIZEN OF	WHAT COUNTRY? 8.			9 BALTIMORE			ATH		
	Ohio	USA	WIDOV	NED X NEVERA	VORCED		Balto.	Coun	ty		MD.
	Cockeysvill	Le Broa	HOSPITAL, NURSING HOMI CHFACILITY, GIVE STREET ADDRESS! dmeade Nursin	g Home	TITUTION	120 USUAL OCC (TYPE OF WORK FOR CO		NG LIFE) IND	DUSTRY	nomi	
USU 13a		HOME OR OTHER INSTITUTION COUNTY	I, GIVE RESIDENCE BEFORE ADMISSIO	13d. INSIDE C	ITY LIMITS?	13e STREET ADD	RESS				
14 F/	ATHER'S NAME	MIDDLE	LAST		MAIDEN NA	ME Belî	DDLE		Mead	,T	
	Ozro	Robinson	Newcomb	Coı	ra.				меао	l.	
	WAS DECEASED EVER IN YES, NO OR UNKNOWN) (IF	U.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO 579-44-4992		NT		ADDRESS				
	18. CAUSE OF DEATH	Enter only one couse pe	r line for (o), (b), and (c)						APPROXI	IMATE INTE	RVAL D DEATH
	PART I. DEATH WAS	CAUSED BY: Cause (a)	arcinoma of	the pr	costat	te	=		5	vea	
	145-										
4	100		R AS A CONSEQUENCE OF								
	Conditions, if any, w										
	underlying cause	the DUE TO, C	R AS A CONSEQUENCE OF					40.00			
-		(c)									
NO	PART 2 OTHER SIGNIFICATION	post card	CINOMA OF T	arynx a	ind of	Tung of	both	inde	pen	den	t)
CERTIFICATION	19a DATE OF OPERATIO	N 19b. COND	ITION FOR WHICH OPERAT	ION WAS PERFO	RMED	200 AUTOPSY	? 20b. IF	FYES, WER	EFINDIN	NGS USE	D
FIC	none rece						W IN CE	RTIFYING		OF DEA	TH?
ERT	210. ACCIDENT WAS UNDERLY	YING T 21b. TIME C	AF IN ILIPY	21c HOW/IN	ILIPY OCCUP	RED (ENTER NATURE	OF INTERNATION IN LITERAL	YES _	0.07.01	NO [
0	OR CONTRIBUTING CAUS	110110 4	M. MONTH DAY YEA	R	JON'I OCCUR	KED (ENIER NATURE)	JE INJURT IN HEM	ITS. PART TOR	PART 2)		
CA	(IF EITHER, NOTIFY MEDICALE)		M. 15								111
MEDICAL	21d INJURY OCCURRED	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATIO	N	CITY	ORTOWN	COL	YTAL	s	TATE
<	AT WORK NOT WHILE					71.6	00	0	0		
	220.1 certify that (I) (#b		e deceased from NOV	. 79	. 19	to May	29	19 0	0	thot (I) {	we) last
-	sow the deceased of	(did not) view the body	29th 1,80	and that in (my)	(our) opinion	deoth occurred on	the dote and	hour and f	rom the	couses st	ated
. ~	22b. SIGNATURE	(did not) view the body	offer death.	DEGREE		/		123	C DATE	SIGNED	
	Charles	2. Elle	cost on) A	TTENDING PHYSICIAN	MEDICAL DIRECTOR F	STAFF PHYSICIAN [-	Jun	_	180
	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)		22e. ADDRES	S						1
	CHARLES E	. ELLICO	TT M.D.	1134	York	Road Lu	therv	ille	MD	21	093
23a. 8	BURIAL, CREMATION, REA SPECIFY) Removal	MOVAL 236. DATE 5	/30/80 23c. NAME OF	CEMETERY OR C	REMATORY	23d. LOCATION	7 7	COUNTY	,	ST	ATE
	VelliOATT	PIAD	77//84								

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspitol or attending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be filled wowith the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remayol.

injury, or other froumatic event, the

DHMH - 16 60M 1/75 (VR A 15 (4))

MPORTANT: If Item 21 is marked or Item 18 shaws ony

24 FUNERAL DIRECTOR
Anatomy Board

Balto., Md.

250. DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNATURE.

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	TO HOSPITAL ON ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 maps retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours after the Site Dept of Health and Mental Hygiene prior to burial, cremation, or removal.		3
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	TO HOSPITAL OF ATTENDING PHYSICIAN The retained by the hospital or ottending physician	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, ar other traumatic event, the medical examiner must be harfied at order	ĺ
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		r 10	00			115	/2
E OF	DEATH	MONTH	DAY		YEAR	2b. HOU	R
	REG. N	10.					
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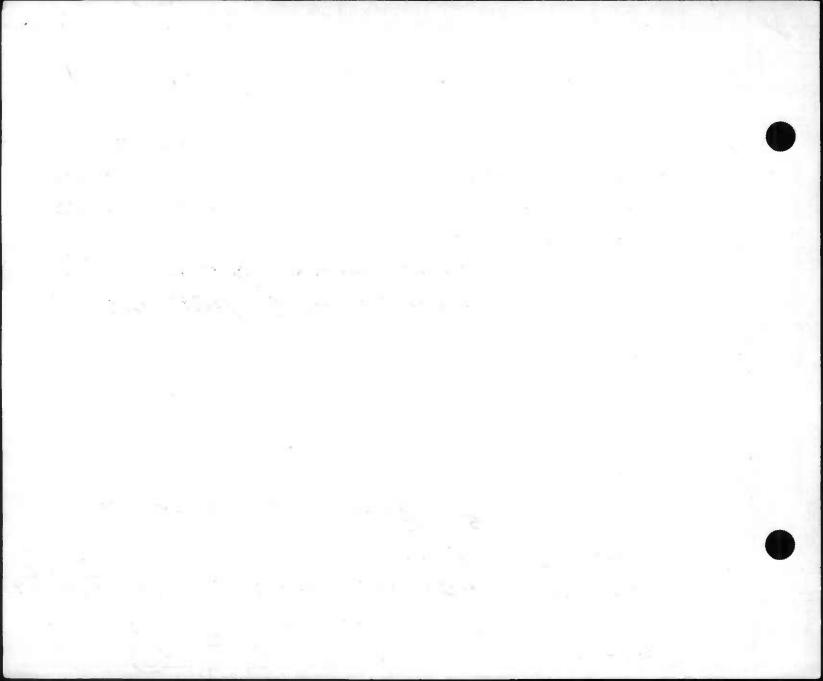
Ι.	REGISTRAR				CERTIF	ICATE OF DEATH	,	REG. NO.		
1. 0	DECEASED NAME	FIRST		MIDDLE	ī	AST	20. DATE OF DE		DAY YEAR	26. HOUR
	or our many	JUNE		P.	NE	WELL	MAY	25,198	30	115/
3. 5	SEX	4	RACE		5 DATE C		6 AGE (IN YEARS	LAST BIRTHOAY)	IF UNDER 1 YEAR	
	FEMALE		WHIT	E	SEPT	. 4, 1922 TEAR	5	7 YRS	MONTHS DAYS	HOURS MIN
70.	BIRTHPLACE (STATE OR	FOREIGN 7	CITIZENOF	WHAT COUNTRY?	8.	NEVER MARRIED	1 BALTIMORE	CITY OR COUNT	Y OF DEATH	
	MARYLAND		US	A	WIDOWE		BALTI	MORE COL	אירעו	,
10	CITY OR TOWN OF DE	ATH 1			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCC	CUPATION	12b. KIND	OF BUSINESS C
	TOWSON			HEACILITY, GIVE STREET. JOSEPH		TTAL	SECRE	TARY		JRANCE
	UAL RESIDENCE (IF NUI	ISING HOME OF C	THER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADD	DECC		
1	MD.	BALT		TOWSON	14	YES NO XX		THERLEIG	H RD.	21 21 2
14.	FATHER'S NAME					15 MOTHER'S MAIDEN NAM	ME			
ı	JOSEPH	K.T	DDLE	PURCEL	L	FIRST ELS IE	M	NDDLE	CRUMM	ast ECK
160	WAS DECEASED EVER	R IN U.S. ARN	ED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS	OLI OLI IL	21212
	(YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES	216-14-	7571	RICHARD B. N	FWFII 8	18 HATHE	RIFICH	
H	T					A A A A A A A A A A A A A A A A A A A	CHELL O	TO HATTIE		XIMATE INTERVAL
	PART I. DEATH V	TH (Enter only WAS CAUSED	one couse per 8Y	line for (a) (b), and	V/1	MA MILL A	1) 0	mania	BETWEEN	ONSET AND DEAT
1	1000	IMMEDIATE	CAUSE (a)	ca	100	no more	1	eurics	AS	
1	1517		DUE TO, O	R AS A CONSEQUE	NCE OF					•
ı	Conditions, if ony		(b)_					_		
	gave rise to im couse (o), stati		DUETO	R AS A CONSEQUE	NCE OF					
1	underlying caus	e lost.	(c)						_ 1	
١.	PART 2 OTHER SIG	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE O	R CONDITION G	IVEN IN PART 1	(01
Z										
CERTIFICATION	190 DATE OF OPERA	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS		ES, WERE FIND	
188							YES N		TIFYING CAUSE YES 🗍	NO -
18	21a. ACCIDENT WAS UN	NDERLYING	21b. TIME C			21c HOW INJURY OCCUR			, PART 1 OR PART 2)	پ
_	00.000.000.000.000		"	M. MONTH DA						
MEDICAL	(IF EITHER, NOTIFY MEDI		21e PLACE	OF IN HIRY	19	211 LOCATION				
ME		WHILE		REET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CIT	TY OR TOWN	COUNTY	STATE
l	AT WORK - AT W	ORK —				20 07		2~	077	
ı	22e.1 certify that (ol) oftended th	e deceosed from	7	29 19 XC	<u></u>			, that (I) (we) le
L	sow the deceo obove, (I) (we)	(did) (did not)		offer death.	0	nd that in (my) (our) opinion (death occurred o	n the dote and ha		
1	226. SIGNATURE	1 /	2	/ /		DEGREE			22c. DAT	E SIGNED
L	1914	((Mul	adi n	w.	ATTENDING PHYSICIAN	DIRECTOR	STAFF PHYSICIAN	15-	25-8
1	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDRESS	0			- 21
	A'H.	6	411	AD1	, M.	20. 7600	USLE	ER K	4. 10	wson
234	BURIAL, CREMATION	REMOVAL	236. DATE	23, 1	NAME OF C	EMETERY OR CREMATORY	123d LOCATIO)N		,
1	(SPECIFY) BURIAL	, almorat		N		AND MEM. PK. C	CITY OF TO		BALTO.	MD.
	DUKTAL		MAY. 2	R. 1984 1						P Year, ft

DHMH-16 20M (VRA 15, 4) 7/78

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME 6500 YORK RD.

FOR

250 DAJARES D. BY BESTRAR 256, REGISTRAR'S STONATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ()

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1							ATAL	0) 1
		ECEASED-NAME First Type or print) EST	ELLE	Middle Virg	iniaNIBLETT	20. DATE OF DEA	Manth 22 Day 8	30Year 2b. H
	3. SE	Female	4. RACE Cau	casian	S. DATE OF BIRTH 07-20-85	6.	AGE (In years IF UI lost birthday) MONT	THS DAYS HOURS
5	Cour	BIRTHPLACE (State or foreign ntry) 1aryland CITY OR TOWN OF DEATH	nive stree	OF HOSPITAL OR INSTITU	during	9. COUNTY OF DE Balt	imore conditions in the condit	2b. KIND OF BUSINESS NDUSTRY
35	13o. odm	Garrison USUAL RESIDENCE (Where decease issian) STATE Maryla	ed lived, if institution:	rison va. Residence before 13c Balt	lley Center H	Y LIMITS? 13e. STREET	TAND NUMBER 8 Overbro	omemakin ook Road
30	14. [FATHER'S NAME First David	Middle A.	Lost Kenney	IS. MOTHER'S MAIDEN NAM		Middle V	Lost
1		Yes no ortusknown) (If yes give w		b. SOCIAL SECURITY NO. 212-74-87	03 Minerva Fi	shpaugh	Address 904 Over	rbrook R
		14/A IMMEDIA		CONSEQUENCE OF	ocardial Infarc	, , ,	V	24 hrs
			(b)	CONSEQUENCE OF	D SELATED TO THE TERMINAL DISEASE (OR CONDITION GIVEN IN	N PART I(a)	
9	TIFICATION	rise to immediate cause (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CON	(b)	A S C V CONSEQUENCE OF G TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE (20b. IF YES	S, WERE FINDINGS CONSID	DERED IN CERTIFYING
99	DICAL CERTIFICATION	rise to immediate cause (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CON 19a. DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DE (Iff either, notify medical examin	(b) DUE TO, OR AS A (c) IDITIONS CONTRIBUTING CONDITION FOR WHICH (CONDITION FOR WHICH (COND	CONSEQUENCE OF G TO DEATH BUT NOT R OPERATION WAS PERFORE JURY Month Day Year 19	RMED 20a. AUTOPSY? YES NO 21c. HOW INJURY OCCURRED (E	20b. IF YES CAUSES OF inter nature of injury in	s, WERE FINDINGS CONSIDER THE C	
99	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT CON 19a. DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DE (Iff either, notity medical examin 21d. INJURY OCCURRED While Not while at work a	DUE TO, OR AS A (c) IDITIONS CONTRIBUTING CONDITION FOR WHICH CONDITION FOR WHICH ATH HOUR A.M. PLACE OF INJURY (AT off) is haspital) attend live on P.M. (d) (we) (did) (did)	CONSEQUENCE OF G TO DEATH BUT NOT R OPERATION WAS PERFORM JURY Month Day Year 19 HOME, FARM, STREET, FACTORY, FICE BUILDING, ETC.	PRINCE TO THE TERMINAL DISEASE OF REAL PROPERTY OF THE TERMINAL DISEASE OF REAL PROPERTY OF THE TERMINAL DISEASE OF REAL PROPERTY OF THE TERMINAL DISEASE OF REAL PROPERTY OF THE TERMINAL DISEASE OF REAL PROPERTY OF THE TERMINAL DISEASE OF REAL PROPERTY OF THE TERMINAL DISEASE OF THE TERMINAL D	20b. IF YES CAUSES OF CAUSES OF OTHER nature of injury in No. City or Oppinion deoth occurrence of the Cause of	Town Courred on the date a	ounty St , that (I) (we and hour ond from
9 9	MEDICAL	PART 2. OTHER SIGNIFICANT CON 19a. DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DE. (If either, notify medical examin 21d. INJURY OCCURRED While Not while at work at work 22b. SIGNATURE 22d. PHYSICIAN'S	DUE TO, OR AS A (c) IDITIONS CONTRIBUTING CONDITION FOR WHICH CONDITION FOR WHICH CONDITION FOR WHICH ATH HOUR A.M. PLACE OF INJURY (AT OFF is haspital) attend live on P.M. (I) (we) (did) (did) A, Rolan	A SEV CONSEQUENCE OF G TO DEATH BUT NOT R OPERATION WAS PERFORE JURY Month Day Year 19 HOME, FARM, STREET, FACTORY, FICE BUILDING, ETC. Inc. M. D M. D M. D M. D	PELATED TO THE TERMINAL DISEASE OF RMED 20a. AUTOPSY? YES NO 21c. HOW INJURY OCCURRED (E) 21f. LOCATION Street or R.F.D. From (M) (our) Q ond that in (my) (our) Ly after death. DEGREE PHYS. 22e. ADDRESS	20b. IF YES CAUSES OF Inter nature of injury in Na. City or Dipinion deoth occur MED. DIRECTOR SP	Town Courred on the date a	Dunty St. Dunty St. A that (I) (we and hour ond from SIGNED ZZ/80

DHMH-16 1/71 3 (VR A15 (4))

retained by the hospital or attending physicion.

TO HOSPITAL OR

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	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 horestained by the hospital or attending physician.
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Page 4 may be

	1-	FOR STATE REGISTRAR					ERTIFI	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG	. NO.	1 1	1	6. 7
_		CEASED NAME	FIRST		MIDDLE			ST	20. DATE OF DEATH	HIMOM			b. HOUR
and the			VIRGI		L.			INELL		5		80	2:10
10	3 SE			4 RACE	-		DATE O	DAY YEAR	AGE (IN YEARS LAST		IF UNDER		HOURS MIN
13	2. 01	FEMALE RTHPLACE (STATE OR)		WHIT			UGUS	T 9, 1927		2 YRS		744	
\$75	PE	ENNSYLVANI	A	US		w w	IDOWE		BALTIM	ORE C			MD
85%	1	OWSON	1	GBMC-	-6701	STREET ADDE	RESSI	LES ST.	12e USUAL OCCUP (TYPE OF WORK FOR MO SECRETA	ST OF WORKING	LIFE INDU		BUSINESS OR
135	USU/ 13a S	AL RESIDENCE (IF NUR TATE MD.	13b. COUN	OTHER INSTITUTIO	BALTIN	TOWN	MISSION	134. INSIDE CITY LIMITS? YES NO []	13. STREET ADDRES		AVE.	21 21	12
100	14. FA	THER'S NAME FIRST ROY	L. "	NDDLE	LANGI			15. MOTHER'S MAIDEN NA FIRST DOROTHY	ME		PARK	ER	
me		VAS DECEASED EVER		AED FORCES?	166 SOCIAL	SECURITY	YNO	17 INFORMANT	AD	DRESS			21 21 2
the	,	NO	(IF TES, GIVE	WAR OR DATES)	170-2	22-99	04	DANIEL M.	O CONNELL	401 G	ITTING	S AT	Æ.
any injury, or other	TO CAUSE OF DEATH (Enter-PART I. DEATH WAS CAUSED IN MEDITED IN MEDITAL IN MEDITED IN MEDITED IN MEDITED IN MEDITED IN MEDITED IN ME	mediate ng the e last NIFICANT C	ONDITIONS S	OR AS A CONS CONGE	STIV	E OF /E H		RE DISPE	ondition (
n 18 shows		HON	196. CON	DITION FOR W	HICH OF	EKAHON	WAS PERFORMED	YES TO NOT	IN CER	TIFYING CA	USES O	F DEATH?	
11 g		OR CONTRIBUTING	CAUSE OF DE AT	HOUR A	OF INJURY A.M. MONTH	DAY	YEAR	21c. HOW INJURY OCCUR	7	3		RT 21	
marked or	MEDIC	214 INJURY OCCUR	RED	21e PLAC	E OF INJURY STREET, FACTORY, O	FFICE, FARM.		211 LOCATION STREET	CITY OR	TOWN	COUNT	ΙΥ	STATE
em 21 is		sow the deceo	ed olive on).⊏		4-2), on	5 , 19 80 d that in (my) (aur) apinion	death occurred on the	e date and h	19 8 C)—, the	at (I) (we) lost ouses stated
NT: If It	OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 214 IN JURY OCCURRED WHILE NOT WHILE			٠	24	מו	C	EGREE ATTENDING PHYSICIAN [MEDICAL S	TAFF SICIAN (X		DATE SI	8-80
IMPORTANT		ROBERT			M.D.			GBMC-6701	N. CHARL	ES S	т.		PENNA.
3 2	(BURIAL BURIAL	, REMOVAL		30,1980			METERY OR CREMATORY EPULCHRE	23d. LOCATION CITY OR TOWN PHILADE		COUNTY		PENNA.
16 25M i, 4) 1/79	24. FI	JNERAL DIRECTOR	EDEFEI	D HOME	6500 S		RD.		UN 4 198	AR 25b. REG	ISTRAR'S SH	GNATU	*

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SALTIMORE COUNTY

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GBMC- 701 N. CHAPLES ST.

RESPIRATORY FAILURE

RECURRENT MYOCARDIAL INFARCTION

Comment House Markets (177) CONCEPTIVE PURCE FAILURE

ROBERT KENNEDY, M.D.

CBMC-6701 N. CHARLES ST.

STATE	UE	MADY	/I AMD	
JIMIE	U	man	LAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.					

1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.			
	OR PRINT)	FIRST		AIDDLE	0	OLSAN 8	. 2a. DATE OF DEATH	MONTH 5 -	8-	SO SO	1236 PA
3. SE)			. RACE	E			6. AGE (IN YEARS LAST B	7	MONTHS		HOURS MIN.
CC	INDIANA		USA		WIDOWE	D DIVORCED XX	X	— BALTIM	MORE.	COUN	
P	IKESVILLE		(IF NOT IN SUC	ESVILLE N	NURSIN		(TYPE OF WORK FOR MOS	T OF WORKING		DUSTRY	
13a S	STATE	136 COUNT	Y	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES XXX NO	130 SLAI				412
	ISADORE			OLSAN		FIRST IDA	WIDDLE				
16a V	VAS DECEASED EVER (ES, NO OR UNKNOWN) NO			2/7-03-	9489	ROW	SILVER		#212		
NO	gove rise to im- couse (a), statin underlying couse	, which mediate ag the lost.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	Mayor's	MINAL DISEASE OR CO	NOTION (GIVEN IN	201 210	MS
Type or print Type	N WAS PERFORMED	200 AUTOPSY?									
	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	HOUR A.	M. MONTH DA M.			RED (ENTER NATURE OF IN	JURY IN ITEM 1	18, PART 1 C	R PART 2)	
MED	WHILE NOT W	HILE 🗆			ARM, ETC.)	STREET	city or i	OWN	cc	P	STATE
DECEASED NAME 7837 1837	that (I) fuer los couses stated SIGNED BY 215										
			23b. DATE					ODD 11	COUN	ΤΥ	STATE

DHMH - 16 25M

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

attending physiciar

retained by the haspital ar

attending physician and completely filled in by the funeral director, pages.3 nove carbanpapers. Pages 1 and 2 should be filed within 72 hours after death

natified at ance

death. Page 4 may be

(VR A 15 (4)) 9/74

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal

> 24. FUNERAL DIRECTOR 6010

BURIAL

FOR

SOL LEVINSON REISTERSTOWN RD

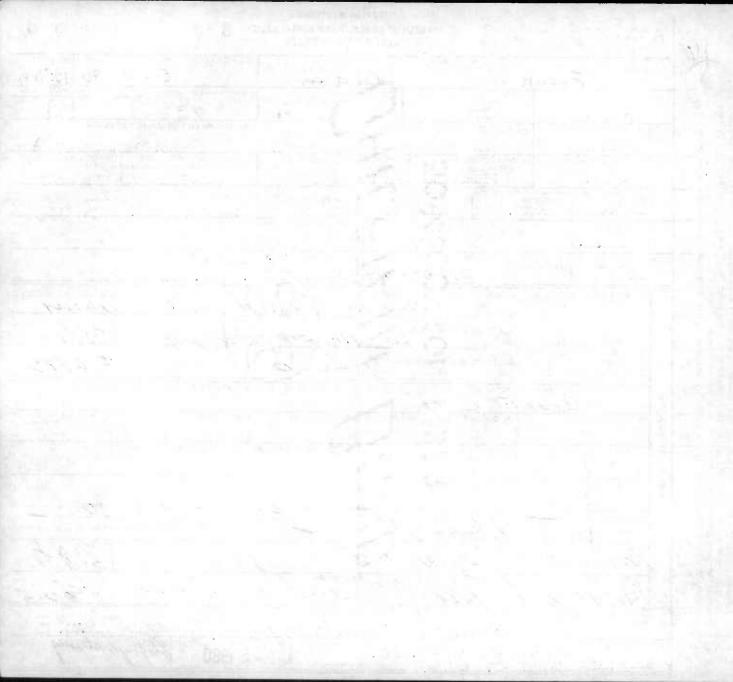
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E BROS., INC. BALTO

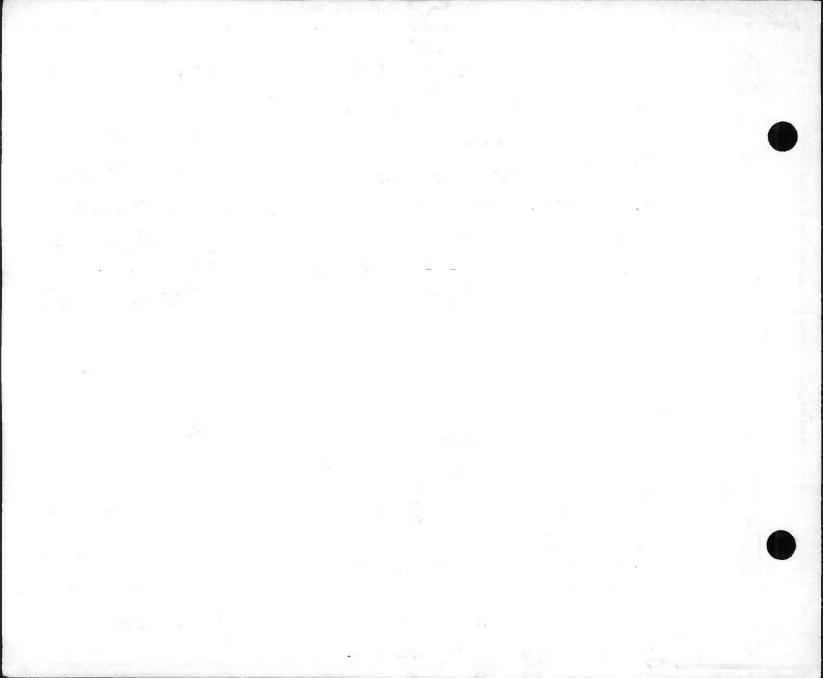
23d. LOCATION CITY OR TOWN ROSEDALE

STATE BALTO. MD

BOBROISKER BENEFICIAL 250. DATE REC'D. BY REGISTRAR 251 DEGISTRAR SHE TILBER MAY



	1				SIAIF	OF MARTLAND					
s =		FOR STATE REGISTRAR		DEPARTM		ALTH AND MENTAL H	O	O I EG. NO.	1 /	6 9	
(M)		CEASED NAME FIRST Has	ikon	E.	01	sen	20. DATE OF DE		DAY YEAR	26. HOUR 6 am м	
ige 4 may rectar both ars offin di		x Male	4 RACE White		5. DATE O MONTH Jun	DAY YEAR	6 AGE (IN YEARS)	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YI			
uneral dire	70 B	RTHPLACE (STATE OR FOREIGN OUNTRY) New York	76. CITIZEN OF WH	7b. CITIZEN OF WHAT COUNTRY?			9 BALTIMORE	YRS. CITY OR COUNT timore (
by the funiled within	10 C	TY OR TOWN OF DEATH Reisterstown	11. NAME OF HOS		ADDRESS)	OTHER INSTITUTION	12a USUAL OCC (TYPE OF WORK FOR Superv	F BUSINESS OR			
filled in ould be in	USU 13a.		ME OR OTHER INSTITUTION, GIV OUNTY		ADMISSION)	13d. INSIDE CITY LIMITS?			alley Ro		
ampletely I and 2 sh lexaminer	14. F.	ATHER'S NAME FIRST OLUT	WIDDIE	Olsen		15. MOTHER'S MAIDEN N FRST Karen		DOLE	Kittelse	'n	
on and co		NAS DECEASED EVER IN U.S. yes, no or unknown) Jif yes NO	CRIE WAR OR DATES	5001AL SECUI 064-07-7		17 INFORMANT Joan H g usel	necht Rei	Cherry sterstov	Valley wn, Md.	Road	
ries had the death certificate gaed by the attending physici n please temave corbanoppes burial, cremation, ar remaval. ry, ar other fraumatic event, th		Conditions, if any, whice gove rise to immediate cause (a), stating the underlying cause last	b (b)	S A CONSEQUE	NCEOF	NOT RELATED TO THE TE	RMINAL DISEASE OF	CONDITION GI	VEN IN PART 1(d		
ine law require ician. Ite has been sign sixt permit. Then require prior to but shows any injury.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY	IN CERTI	ES, WERE FINDIN	IGS USED OF DEATH?	
og physical certificate certificate urial-transit kental Hygi Item 18 sh		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O JIF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.M.	MONTH DA	YEAR	21c HOW INJURY OCCU	JRRED JENTER NATURE				
offendin frer this of the burner of the burn	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF LAT HOME, STREET,	INJURY FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY	OR TOWN	COUNTY	STATE	
ospital or ECTOR: A ed for use or of Healt		220.1 certify that (I) (this- saw the deceased aliv above, (I) (was (did) (did) 22b. SIGNATURE.	~4/1 to	9 19 8		that in (my) (points	on death occurred on	the gate and ho	-		
by the h		224. PHYSICIAN'S NAME (I	Wellis YPE OR PRINT	ms	n		MEDICAL DIRECTOR DE	STAFF HYSICIAN	5-	10-80	
TO FUNER Should be do with the Sta	23a	C.E.M.	CW VAL 23b. DATE	AMS 123c N	IAME OF CE	1190416ml	23d LOCATIO CITY OR TOV	Kester	storm	21/3	
BP		Cremation UNERAL DIRECTOR	May 12,1	L980 Wes	stview	Memorial Pa	ark Baltim	ore, Mar	ryland	STATE	
DHMH-16 20M		500.	4	ADDRESS N	1:11c	Ma	AT 1 1 198	10.	trad man	money	



	aw requires that the death certificate be executed within 24 hours after death. Page 4 may be	reen signed by the attending physician and completely filled in by the funeral direct population of the standard in the standa
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ORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	in.	gne
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2	8	9 F

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

क	Q REG. N	10.	ì	1 7	7
RE TE OF DEA	DEATH	MONTH	DAY	YEAR	26. HOUR
		5	23	80	11:05

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.				
DECEASED NAM	NE FIRST		MIDDLE	ı	LAST	28. DATE OF DEATH	MONTH	DAY	YEAR	25. HOU	R
Title Cox extinit)	Doro	othy	L.	(Onley		5	23	80	11:0	05A
SEX	7 7 7	4 RACE		5. DATE C		& AGE (IN YEARS LAST BIR	THDAY)	IF UND	ER I YEAR	IF UNDER	24 HRS
Femal	Le	Whi	te	Nov	12 1900	79	YRS		DATS	HOURS	MIN
O. BIRTHPLACE (S	TATE OR FOREIGN	U.S.	WHAT COUNTRY	MARRIE	D NEVER MARRIED 50	Baltimore City of			EATH		MD
O CITY OR TOWN		11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT ITYPE OF WORK FOR MOST OF GOVERNESS	ION OF WORKING	LIFE) IN	DUSTRY	s ate	SSOR
USUAL RESIDENCE 130 STATE Md.	E IF NURSING HOME		Balto	WN	134, INSIDE CITY LIMITS? YES NO	13r. STREET ADDRESS	Cold				
FATHER'S NAMI FIRST Henry		Carlos	Onley	7	15. MOTHER'S MAIDEN NAME FIRST Eleanor	WE		Sca	rbc	roug	gh
WAS DECEASE IYES, NO OR UNKN	ED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	570 Juli	URITY NO.	17 INFORMANT Asenath H.	ADDR Onlev	ESS	Se	ıme		
gove rise couse (o) underlying	couse lost.	(b)	R AS A CONSEQ	Obstri UENCE OF	uctive Pulmona		IDITION C	GIVEN IN	PART 1	01	
190 DATE OF	OPERATION	19b. COND	ITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO X	IN CER			NGS USED OF DEAT	TH?
21a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	T WAS UNDERLYING TING CAUSE OF I TIFY MEDICAL EXAMIN	DEATH		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 1	8, PART 1 O	t PART 2)		
OR CONTRIBUT (IF EITHER, NO.) 21d. INJURY WHILE AT WORK	NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	co	UNTY	ST	ATE
sow the	deceased alive	spital) attended the	23 19		2 19 80 nd that in (my) (our) opinion	to 5/23 death occurred on the d	late and h	19_8 our ond		that (I) (v	,
22h SIGNAT	URE	Vo	yel.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		2		SIGNED 23/80)
224. PHYSICI	IAN'S NAME (TYP	E OR PRINT)			22e ADDRESS						

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: should be detached for use a with the State Dept. of Heal MPORTANT: If Item 21

or Item 18 shows

236 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE

Basem Kayali

23c NAME OF CEMETERY OR CREMATORY Burial 5-27-80 Spring Hill
FUNERAL DIRECTOR 4905 York Rd.
H.W. Jenkins & Sons Co., Balto., Md.

GBMC 6701 N, Charles St.

Girdle Tree Worcester Md.

21204

MAY 2 7 1980

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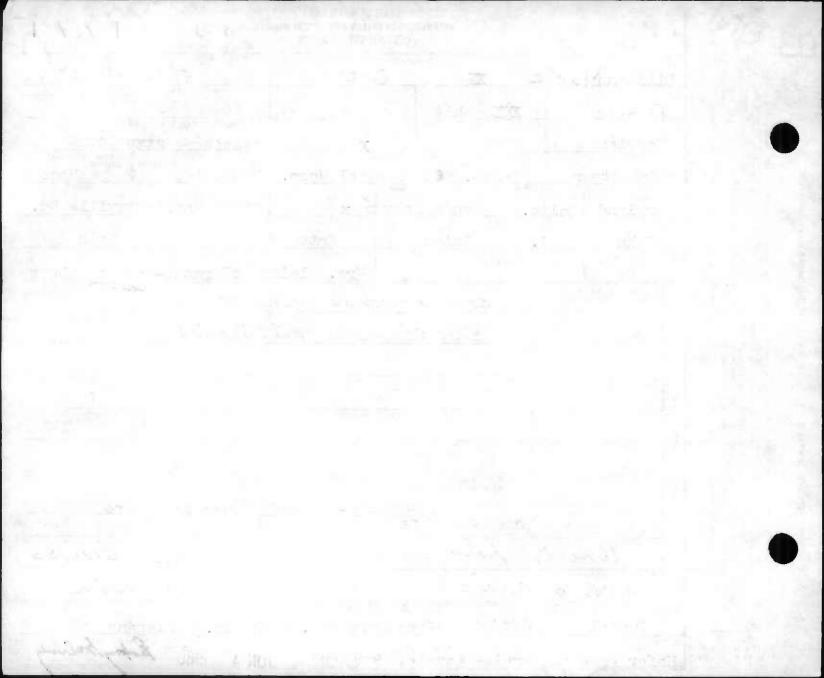
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MAY ST. 1980 . Lingshalmer

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1		FOR	DEPART		E OF MARYLAND BEALTH AND MENTAL HYG	IENE 8 0		1 7 7
L		STATE REGISTRAR			ICATE OF DEATH	REG. N		
		EASED NAME FIRST	WIDOLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
-	Li	and the sales an	4 RACE	Tr Date) ((6. AGE (IN YEARS LAST BIR	7/30/	DER I YEAR IF UNDER 2
,	SEX			S. DATE C	H DAY YEAR		MONTH	
7	BIR	THPLACE ISTATE OR FOREIGN	White	5	26 94	1 BALTIMORE CITY C	YRS.	DEATH
25	CO	UNTRY)	USA	MARRIE	D NEVER MARRIED			~ 1
10	-	laryland y or town of DEATH	11. NAME OF HOSPITAL, NURSI	WIDOWE ING HOME C		Baltimor		26. KIND OF BUSINES
55k	an	dallstown	Balto. Ct	y Gen	neral Hosp.	Housewif	OF WORKING LIFE! IN	Hom
25	30 51	TATE 136 COUN		WN	134 INSIDE CITY LIMITS?	134. STREET ADDRESS	and the state of	
1		arvland Balt	to. Randal	Istow	TYES NO 1		rriotts	sville R
38	FAI	FIRST	MIDDLE LAST		FIRST	WIDDLE		Walk
7.70	4n 101	John AS DECEASED EVER IN U.S. AR	A. Smith	LIBITY NO	Kate 17 INFORMANT	ADDR	FSS	walk
1		S, NO OR UNKNOWN] (IF YES, GIVE	E WAR OR DATES	ORITY NO.				2
-		No	nly ane cause per line for (a), (b), a		Mrs. Elain	e McDermo	tt-same	e as abo APPROXIMATE INTERV BETWEEN ONSET AND D
			CONDITIONS CONTRIBUTING TO					
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	ERE FINDINGS USED G CAUSES OF DEATH NO [
		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 C	OR PART 2)
	ME	21d. INJURY OCCURRED WHILE OCCURRED AT WORK AT WORK	216 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TO	wn C	COUNTY STA
		saw the deceased alive an	ital) attended the deceased from, 10 3 0 19 11) view the body after death.	60 .01	nd that in (my) (our) apinion of DEGREE ATTENDING PHYSICIAN		date and hour and	d from the couses state 22t. DATE SIGNED
	- 1	/-						
NA POLICE		224 PHYSICIAN'S NAME (TYPE OF	ARREGUI		BALTIMONE CO	OUNTY GENE	esc Ho.	SPITAL
2	3a. Bl	224. PHYSICIAN'S NAME (TYPE OF AUSSOTO URIAL, CREMATION, REMOVAL PECETY)	ARREGUI 23b. DATE 23c		BALTIMORE CO	23d. LOCATION CITY OF TOWN	EBC HO.	
. 2	?3a. Bt	AUSECTO URIAL, CREMATION, REMOVAL BUTIAL	ARREGUI 23b. DATE 23c		CEMETERY OR CREMATORY DURG Mem. Pa	23d LOCATION CITY OR TOWN	Allegar	NTY STAT
2 2	3a. BU	AUSECTO URIAL, CREMATION, REMOVAL PECETYI Burial NERAL DIRECTOR NAME	ARREGUI 23b. DATE 23c	rostb	CEMETERY OF CREMATORY DUTY Mem. Par 250. Date	23d. LOCATION CITY OR TOWN	cour Allegar 236. REGISTAR	NTY STAT



BP_ DHMH - 17 (VR A15 ME (5) 30M 7/73

	FOR			DEPARTM			ARYLAN		HYCIEN	JE.				, ,	0
1-	STATE REGISTRAR			DICAL E					OF DE	ATH (REG. N	10.	1 /	1	la
1. DEC	CEASED NAME E OR PRINT)	FIRST		MIDDLE			LAST			20. DATE OF	KNOWN			YEAR	2b. HOUR
(. On Thirty	GREGO	ORY	W	<i>I</i> .		OWEN	IS			MATED	_ 5	5	19 80	N
SEX		I. RACE	S. DATE OF BIRTH	YEAR 6	LAST BIRTHDA			IF UNDER	R 24 HRS.	2c. DAT		MONTH		YEAR	14:1309R
ma	ale	white	JUNE 12		2 0 YR	14/65/41	HS DAYS	HOURS	MIN	PRONOU DE AI	NCED	5	5	19 80	a "
	RTHPLACE (ST)	ATE OR	76. CITIZEN OF WH	AT COUNT	RY?	8. MARR	IED NE	VFR MARE	RIED A	& BALTIA	AORE CITY	OR COU	NTY OF D	EATH	
	TEX	AS	05	A		WIDOW		DIVOR		Balt:	imore	Coun	ty		MD
10. CI	TY OR TOWN C	OF DEATH	11. NAME OF HOS	PITAL, NURS	SING HOME	, OR OTH	ER INSTITU	TION			PATION (T)	YPE OF WORK	12b. KIN	ND OF BU	SINESS
	sex		Holly No	eck Rd	.&Van		ast Rd	١.	FOR	MOST OF WO	RKING LIFE)			シアド	
USUA 130. S		IF IN NURSING HOME O	ROTHER INSTITUTION, GIV TY ALTO	13c. CITY C	OR TOWN	014)	13d. INSIDE C	NO E	-	9.56		NO	6		
14. FA	THER'S NAME		WIDDLE	LA	AST		F	ER'S MAID	EN NAME	m 1 1	AIDDLE			LAST	
	FLBE			ENS			EUL		F	SYK	2				
6a. V	S, NO. OR UNKNOV	EVER IN U.S. ARA	AED FORCES? WAR OR DATES)		AL SECURITY	_	17. INFORA				ADDRES		0.		
	UNK				807	607	ELB	ERS	01	WEN	>	A	30		
	18. CAUSE OF	DEATH (Enter and	y ane cause per line	for (a), (b),	and (c).)		(E 4	1		-1-			PROXIMATE VEEN ONSET	AND DEATH
	6	IMMEDIAT	E CAUSE (a) DI	unt Ic	orce 1	njur	les of	tru	nk ar	id ne	CK				
>	8/2	A	DUE TO, OR	AS A CONS	EQUENCE)F									
	gave rise	s, if any, which to immediate	(b)												
	cause (a): lying caus	stating the <u>under</u> - e last.	DUE TO, OR	AS A CONS	EQUENCE C)F									
			(c)												
z	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO OFATH	BUT NOT RELATE	O TO THE TERMI	NAL OISEAS	E OR CONDITIO	N GIVEN IN P	ART 1 (a).						
CERTIFICATION	19a, DATE OF	OPERATION	TIPE CONDIT	ION FOR W	HICH OPER	ATION W	AS PERFOR	MED?					70 A	UTOPSY?	_
FIC	1,000		175. 201.011			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.0 7 0.17 0.11								
ERTI	21a. EXTERNAL	L CAUSE WAS	21b. TIME OF	INTURY		21c H	OW INTERY	OCCUPP	ED (ENTER	NATURE OF IN	I II IPY IN ITEM 1	8 BART 1 OB		ES 🔼	NO []
CALC	UNDERLYING	OR	HOUR A.M	MONTH [DAY YEAR						st col			str	ICK
20	21d INJURY O	G CAUSE OF C	21e. PLACE C	DE INTURY	5 19 8	0 dr	iver (of mo	torc	ycle/	fixed	овје	CE	-	
ME	WHILE AT WORK	NOT WHILE	x street, fact	ORY, FARM, ETC.)	Н	ollyne	eck R	d.&Va	ander	mast I	Rd. É	Seex	, Ma	rylan
		*		7										_	
			e af the remains des					Inspection		Inquiry		and in my	apinian		
	death resulte	d from: Natur	al causes	Accident 1	🗘, Sui	cide 📖	, Hamid		Undet	termined m	anner 🔲	,			
	ACTUAL	Worked	to Rey	Low Do				PECIFY) istan	t			DAT	E	5-	5-80
	SIGNATURE _	and the	- un co	- VII		·	.D	TD Gall	MED.	OICAL EXA	MINER	SIGN	VED	-	
	EXAMINER'S N		rgarita A	. Kore	e11, M	D.	ADDRESS_	111	⊉enı	n Str	eet				
23a. Bl	JRIAL, CREMAT	MOCA,	3b. DATE /20 -	23c. NA	AME OF CEA				CITY	OCATION			YTAUC	STA	ATE
	JNERAL DIRECT	4_	5/7/80	H	475	1	CEM		050/0 0	AY	S /	TIETO A DVO	A.	IDEn	
E	NAME	NNELL	4 ADDRESS	00	200	100	-	25a. DAT	MAY I	2 19	25b. REC	LIFE	7	tres	4
7	/	- 10 10 10 10 1	1 3	00	101/9	L 2								- 1	-
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ADDRESS

MIDDLE

FOR

REGISTRAR

24. FUNERAL DIRECTOR

NAME

DHMH - 16 50M 1/76

(VR A 15 (4))

1. DECEASED NAME

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

REG. NO

MONTH

YEAR

IF UNDER 1 YEAR

INDUSTRY

YES [

COUNTY

COUNTY

tistry habrady

22c. DATE SIGNED

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE MD

21234

2a. DATE OF DEATH

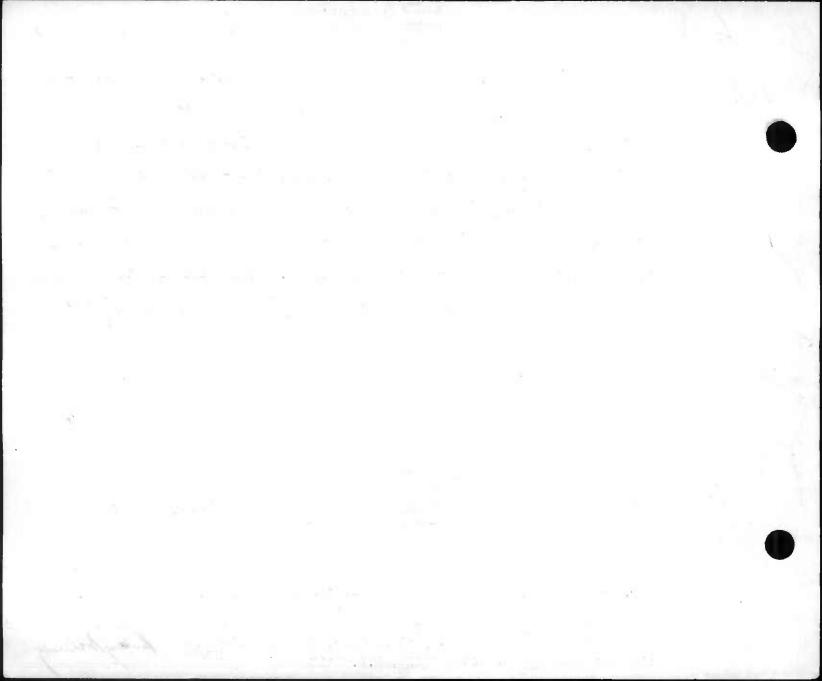
Service of the servic

TO HOSPITALOF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de retained by the hospital or attending physician.

,	15	1	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0		1 /	74
			CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH		YEAR	2h. HOUR
ge 3		(114)	Concentration of the concentra	ANTON	OIV	G.	PA	LMES	May 30, 19	980		5:05a "
may n		3. SE	Х	4	RACE		S. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
añe	0		Male		Wh:	ite	Febr	rary 15 1909	71	YRS.	NTHS OAYS	HOURS MIN
1	100		IRTHPLACE (STATE OR FO	DREIGN 76	The second second	WHAT COUNTRY	1	D NEVER MARRIED	BALTIMORE CITY		F DEATH	
B of In	#/		anary Isla	nde	II.	S.A.	WIDOW		Baltimore	County	,	MD.
Teal Lea	0		ITY OR TOWN OF DEA		. NAME OF		NG HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT			F BUSINESS OR
by th	3/		Baltimore	1		in Squar		ital	Seaman	OF WORKING LIFE!	Mercha	ant Seaman
d in le file	ES	USU	AL RESIDENCE US NURS	ING HOME OR OT	HER INSTITUTION	N, GIVE RESIDENCE BEFO	RE ADMISSION				1201 0110	aro beamar
filled uld be	35	M	aryland	13 RETAIN	imore	13c. CITY OR TOV		YES NO P	13. STREET ADDRESS	inia Av	e. /272	727
letely fi	exau	14. F.	ATHER'S NAME					15 MOTHER'S MAIDEN NAM		2112.00 210	00/2022	, K, J.
nple nd 2	153/		FIRST	MIDI	DLE	LAST TO - To - To - To - To - To - To - To		FIRST	MIDDLE		Comp	_
Tar Tar	med	16a. \	WAS DECEASED EVER	IN U.S. ARME	D FORCES?	Palmes 166 SOCIAL SEC	URITY NO.	Maria 17 INFORMANT	ADDR	ESS	Gona	zles
and ages	the	((IF YES, GIVE WA	AR OR DATES)	140.00	r. 07	Juan Palmes,	122 Wingin	in Arro	Too	or Wd
iciar iciar ars. P	event,		18 CAUSE OF DEAT	H (Enter only)		1169-22-		Todan Tamies,	IZZ VITEII	La Ave.		MATE INTERVAL ONSET AND DEATH
phys	physic papers moval ic ever		PART I. DEATH W	AS CAUSED B	BY.	Cardio-re	spira	tory Arrest			BETWEEN	DNSET AND DEATH
tending carbon	trauma		Conditions, if any,	IMMEDIATE C		or as a consequ Carcinoma	IENCE OF T	ling				3,
ed by the arease removerial, cremat	njury, or other		gove rise to imm cause (a), statin underlying couse	nediote g the lost.	DUE TO, C	OR AS A CONSEQU	IENCE OF					
sen sign Then pl	any inju	NO.	PART 2 OTHER SIGN	Cirrho	o aiso	ontributing to f the Liv	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(c)'
te has be bermit.	shows	CERTIFICATION	19a DATE OF OPERA	ION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h. IF YES, V IN CERTIFYII YES	WERE FINDING CAUSES	OF DEATH?
cian. ificat msit p Hvaid	118	W.	21a. ACCIDENT WAS UND	ERLYING		OF INJURY		21c HOW INJURY OCCURR				
hysic cert	<u> </u>		OR CONTRIBUTING C			.M. MONTH D		3.1				
this uria	ia p	MEDICAL	21d. INJURY OCCURE		21e PLACE	OF INJURY	19	211 LOCATION				
endin fter t the bu	marked	¥	WHILE NOT WE AT WO	TILE	(AT HOME, S'	TREET, FACTORY, OFFICE,	FARM, ETC.	STREET	CITY OR TO	VN	COUNTY	STATE
of or att	21 is		22a.1 certify that	(this hospital)				1 , 19 80 and that in (1/2) (aur) apinian a	to May 30	, 19		that (we) lost
REC d foo	If Item		saw the decease above, 1/2 (we) (a 27b. SIGNATURE	id) (di) (nat) v	iew the bod	after deoth.		DEGREE	accorred an me d	are and noor a		
by the hore ERAL DI	- ::		Hay	02/	1-	·e/	7/	ATTENDING PHYSICIAN	MEDICAL STA	FF LIAN &	S DATE	30/80
FUN uld by	MPORTANT:		224 PHYSICIAN'S NA Raul	Me (TYPE OR PR				9000 Frankl	in Square I	Orive 2	1237	
TO TO sho with	2	23a. E	SURIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	7/22	No.	2001
BP	_	,	Buria	1	June	2, 1980	Oak L	awn Cemetery	CITY OR TOWN	altimor	e. Mar	vland
DHMH-16	251/		JNERAL DIRECTOR					25a DATE	REC'D. BY REGISTRAR		R'S SHENAT	DE .
(VRA 15, 4]	Lilly & Ze:	iler, I	Inc. 1	901 Easte	ern Av	e.	N 2 1980	perpe	7/20	nong
	-70.0					200		1.00		-		./

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/				STATE OF MARYLAND		
6/	1.	FOR STATE REGISTRAR	DEI	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	1 1 7 7 5
/		CEASED NAME FIRST	WIDDLE	LAST	2R DATE OF DEATH	MONTH DAY YEAR 26 HOUR
3		Willia	m /H.	PARKS	lhay	17 1980 4 A M
IE (VEE)	3 SE)	10	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST FIRE	MONTHS DAYS HOURS MIN
		MAIL	1/ 6	4-22 89	9	YRS.
1 5 177 10 177	7r. B!	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED MEVER MARRIED	-	OR COUNTY OF DEATH
Op Paris	10.6	CANAGA	USA	WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 126 KIND OF BUSINESS OR
# #1 #on		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIM	E STREET ADDRESS)	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
44 870		tonsville	TOUSEIN THE	PINES CATONEVILLE	Clerk-Westi	Highlouse Rectifed
4 hour led be	13r S	TATE 136 COUN	ITY 13 CITY OF	RTOWN 134. INSIDE CITY LIMITS?		10
NZ un		THER'S NAME	imore Bol-	YES NO NO NO NO NO NO NO NO NO NO NO NO NO	1522 C/AI	ridge-mond
OSSONIA OSSONIA		Delinst	WIDDLE TA	ST PREST	WIDDLE	1.1.116
3 8- 4	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO 17 INFORMANT	ADDRE	SSS SSS
Poges Poges	(ES, NO OR UNKNOWN) (IF YES, GIVE	I Army 217-	71-1994 Katheryn L.	Danke Same	as # 13
9 9 4	-	18 CAUSE OF DEATH (Enter on			Parks same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g physicist on paper remayal event, thi		PART I. DEATH WAS CAUSE		Ver is clerotic CV	D	15 years
		4299	DUE TO, OR AS A CON	ISEQUIENCE OF	-	0
ne death ie attend smove co matian, c		Canditions, if any, which	(b)	SEGOLIVEE OF		
hat the death ce by the attending 35e remove carb 1, cremation, arr ather fraumatic		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF		
that d by ease ol, cre		underlying cause last.	(c)			
د ماماد د				G TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
	CERTIFICATION	multiple		to infections		
9 6 9 9	NO.	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The thorn.	E	71a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUI	YES NO	YES NO
HYSICIAN: Toding physici ding physici is certificate buriol-transi Mental Hygi men 18 sh		OR CONTRIBUTING CAUSE OF DEA			KRED (ENTER NATURE OF INJU	RT IN (IEM 18, PART I ORPART 2)
HYSICIAI nding ph his certifi buriol-tr d Mental or frem 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED	P.M. 21s PLACE OF INJURY	19 211 LOCATION		
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,		CITY OR TO	WN COUNTY STATE
TTENDING Pipital or offer if for use as the of Health and 21 is marked		22a L certify that (I) (this haspi	tol) attended the deceased	from Jan - 15, 1900 10	10 May	17 19 0 , that (1) (we) last
TTEN TTEN TOR. for us of He		saw the deceased alive on	May 3 1980	, and that in (my) (eur) apinior	n death occurred on the d	ate and hour and from the causes stated
		22b. SIGNATURE	t) view the body after death	DEGREE		22c DATE SIGNED
Al Circa the hos Al DIREC detoched ore Dept.		Kelling	1 CAUSE M. A	ATTENDING PHYSICIAN	MEDICAL STA	FF 5/17/80
HOSPITAL Inned by the FUNERAL Uld be det of the State	1	224. PHYSICIAN'S NAME (TYPE O	RPRINTY	22e ADDRESS		
		Dr. Kennard	/affe	5501 Fores	t ParkAve	Baltimore.Md.
0 % 0 % W	23a	BURIAL CREMATION, REMOVAL		23c NAME OF CEMETERY OR CREMATORY		COUNTY STATE
BP		Burial	5/20/80	Parkwood	Parkville	
DHMH-16 20M	24 F			cs, Catonsville, Md 250 DA		
(VRA 15, 4) 7/78	4			sville, P.A. 21228	шы т Э 120	



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STATE OF MARYLAND							
MENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	0	1	1	1	1	4
CERTIFICATE OF DEATH		REG. NO.					

1	FOR STATE REGISTRAR			DEPARTA		EALTH AND I	MENTAL HYGI DEATH	IENE 8	O REG. N	10.	- 1	1	7	á
	ECEASED NAME E OR PRINT)	VIRG		R.		PAUL		2R DATE C	F DEATH	MONTH 5	DAY 09	VEAR 180	6:2	
3 SE	Female	4	RACE Whi	te	S DATE C		,1927	A AGE IN		RTHDAY]	MON	THS DAYS	IF UNDER 2	
(IRTHPLACE (STATE ORFICE COUNTRY)	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D X NEVER A		BALTIMO	RE CITY O	OR COUN	_			M
	TOWSON		GBMC-	OSPITAL, NURSIN	G HOME C	RLES S	T.	12R USUAL (TYPE OF WOOLUS		OF WORKING		126 KIND O INDUSTRY S.S.		SSOF
13a.	AL RESIDENCE (IF NURS STATE Md.	Howa:		GIVE RESIDENCE BEFORE 134. CITY OR TOW Columbi	N	134. INSIDE C	ITY LIMITS?	13r STREET	ADDRESS 1 Vi	lsta	Rd	l .		
	ATHER'S NAME Raymond R	eeves	DLE	LAST			S MAIDEN NAM FIRST	ΑE	MIDDLE			LAS	т	
	WAS DECEASED EVER LYES, NO OR UNKNOWN) None	IN U.S. ARME		579 28	6190	17 INFORMA	is Pau	1 (Ht	ADDR 1sbar		Sam	ne as	abo	ve
	Conditions, if ony, gove rise to improve couse (a), stofin underlying couse	MAS CAUSED E IMMEDIATE (, which mediate ng the	DUE TO, OI	Metastati R AS A CONSEQUE	c Car	cinoma	of Brea	ist				BETWEEN	MATE INTERV	<u>RÀTH</u>
NOI	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEA	SE OR CON	DITION	SIVEN	IN PART 1(c)	
CERTIFICATION	196 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20s AUT	NO X	IN CER	YES, W TIFYIN YES [ERE FINDING CAUSES	OF DEATH	H?
	216. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A P.i	M. MONTH DA	AY YEAR	21¢ HOW IN	JURY OCCURR	ED (ENTER N	ATURE OF INJU	IRY IN ITEM I	B, PART I	OR PART 2)		
MEDICAL	21d. INJURY OCCUR	HILE [21R PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	216 LOCATION STREET	ON C		CITY OR TO	WN		COUNTY	STA	TE
	22s I certify that (I) saw the decease above, (I) (we) (ed olive on		19-), ar		_, 19_80 (our) opinion d	, ta	0 - 09 ed on the d	late and h	19_ laur on	d from the	U-V	
	226. SIGNATURE	van	X.	Man			ATTENDING PHYSICIAN [MEDICAL DIRECTOR				5-0	9-80	1

BP.

ATTENDING PHYSICIAN:

DHMH-16 25M (YRA 15, 4) 1/79

MPORTANT: 1f Item 21 is marked or Item 18 shows any injury, or other traumatic TO FUNERAL DIRECTOR: After this certificate has been signed by the attence should be detached for use as the burial-transit permit. Then please remove carwith the State Dept. of Health and Mental Hygiene prior to burial, cremation,

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 5/13/80

J. MUNOZ, M.D.

230 NAME OF CEMETERY OR CREMATORY

23d LOCATION CIT OF TOWN Elicott

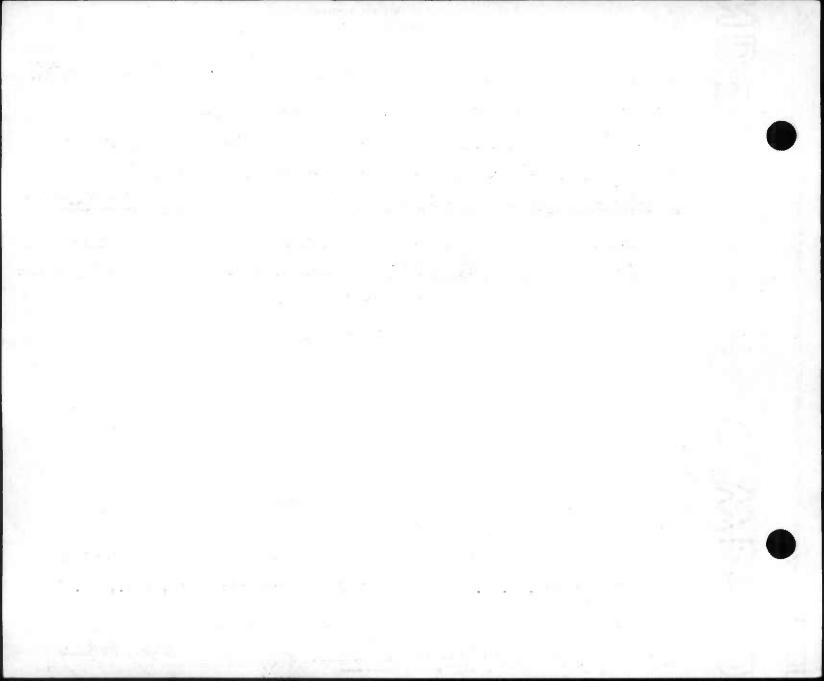
GBMC-6701 N. CHARLES ST.

City Howard Md.

Burial
24 FUNERAL DIRECTOR ADDRESS Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md

St. John's Cemetery ELLCOLD 250. DAM RECOLBY REGISTRARS SIGNATURE

				21					
	1 -	FOR STATE			OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	IENE 8	1 1	/ / /	
		REGISTRAR		CEN	191381 11 20 31 31	REG. N			
		CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26. HOU	RO
.	(117)	Norma	Ε.	PAU	LNTEL		5 18-1	198027	om
	3. SE	,	4 RACE		TE OF BIRTH ONTH DAY YEAR	6 AGE (IN YEARS LAST BIR		ERIYEAR # UNDER	_
		temale	0	1190 /	0 -21 1894	8-5	YRS	-	MIN
	7a Bi	RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT	COUNTRY?	RRIED NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF D	EATH	•
15		Maryland	U.S.A.	WIDO	OWED . DIVORCED	BAH	morel	Dun to	* N
0.	10 9	Y OR TOWN OF DEATH		AL, NURSING HOM	AE OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUSINE	ESS O
10	E	Altimore	Hecleric	KUIIA 11	Ursing Center	160546	/	7	
35	130, S	AL RESIDENCE (IF NURSING HOMEO TAMaryland 136 COU Rall	NTY 13c CI	SIDENCE BEFORE ADMISSI TY TOWNO D:	134 INSIDE CITY LIMITS?	130. STREET ADDRESS	708 Cambe	erley Cir	rcl
	14 FA	THER'S NAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15. MOTHER'S MAIDEN NA			7	
30		FIRST	WIDDIE	LAST	FIRST	WIDDLE		LAST	
J. (2)	lán V	Ernest VAS DECEASED EVER IN U.S. AF	MED FORCES? TIAL SC	Buhner DCIAL SECURITY NO	Melinda D. 17 INFORMANT	ADDR	ESS	Ellis	
1	()	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 215	-48-7174	3	_	700 0		
′ I		NO	1/10	CK XXX XXXXX	Warren E.	Paynter)		berley Ci	
- 1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for	(0), (b), and (5.1	OLT GIL	crowdie	-	APPROXIMATE INTER	DEATI
			TE CAUSE (o)	1000	and, land	200000			
		4293	DUE TO, OR AS A	CONSEQUENCE O	ENOCNIT		1		
- 1									
- 1		Conditions, if any, which	((b)		ASCV				
		gove rise to immediate couse (0), stating the	DUE TO OR AS A		ASOVO				
		gove rise to immediate	DUE TO, OR AS A	CONSEQUENCE O	ASOVO	<u>-</u>			
		gove rise to immediate couse (a), stating the underlying couse last.	(c)	CONSEQUENCE O	ASOVO	INAL DISEASE OR CON	IDITION GIVEN IN	PART I(a)	
	NO	gove rise to immediate couse (a), stating the underlying couse last.	(c)	CONSEQUENCE O	F	INAL DISEASE OR CON	IDITION GIVEN IN	PART I(a)	
	CATION	gove rise to immediate couse (a), stating the underlying couse last.	(c)CONDITIONS CONTRIB	CONSEQUENCE O	F	INAL DISEASE OR CON	20b. IF YES, WER	E FINDINGS USED	
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29		gove rise to immediate couse (01), stolling the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	CONDITIONS CONTRIB 19b. CONDITION F 21b. TIME OF INJU HOUR A.M. M P.M. 21e PLACE OF INJI (AT HOME, STREET, FAC	CONSEQUENCE O	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 211 HOW INJURY OCCURR STREET	200 AUTOPSY? YES NO NO NEED (ENTER NATURE OF INJU	20b. IF YES, WER IN CERTIFY ING YES THE INTERNISE PART 1 OF THE INSTRUMENT IN THE INTERNISE PART 1 OF	E FINDINGS USED CAUSES OF DEAT NO FRART 2)	TH?
29		gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIF ETTHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK NOTIFY MEDICAL EXAMINER 22a.1 certify That (1) (this hosp	CONDITIONS CONTRIB 19b. CONDITION F 21b. TIME OF INJU HOUR A.M. M POR A.M. M 10 PLACE OF INJ (AT HOME, STREET, FAC) ital Putended the degree	CONSEQUENCE O	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 211 HOW INJURY OCCUR! AR 19 211 LOCATION STREET	200 AUTOPSY? YES NO ENTER NATURE OF INJU	20b. IF YES, WER IN CERTIFY ING YES THE THE TENT TO SEE THE TE	E FINDINGS USED CAUSES OF DEAT NO	TATE
29		gove rise to immediate couse (o), stolling the underlying couse lost. PART 2 OTHER SIGNIFICANT 1% DATE OF OPERATION 21% ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CHEREN, NOTIFY MEDICAL EXAMINER AT WORK NORW NOW AT WORK 22% I certify That (1) (this hosp sow the deceased alive or obove. (1) (we/fdid) (did not obove. (1) (w	CONDITIONS CONTRIB 19b. CONDITION F 21b. TIME OF INJU HOUR A.M. M POR A.M. M 10 PLACE OF INJ (AT HOME, STREET, FAC) ital Putended the degree	CONSEQUENCE O	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 211 LOCATION STREET 19 211 LOCATION STREET	200 AUTOPSY? YES NO ENTER NATURE OF INJU	20b IF YES, WER IN CERTIFYING YES IN TIEM 18, PART 1 OF INTERNAL 18, PART 1 OF INTERNAL 18, PART 1 OF INTERNAL 19, INTERN	EFINDINGS USED CAUSES OF DEAT NO	TATE
29		gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE AT WORK TO SOW the deceosed alive or obove, (II) (we) (did) (did not 7% SIGNAFURE	21b. TIME OF INJU HOUR A.M. M 19 P.M. 21e PLACE OF INJU (AT HOME, STREET, FAC	CONSEQUENCE O	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 211 LOCATION STREET DEGREE	200. AUTOPSY? YES NO EXECUTE NATURE OF INJU CITY OR TO	20b. IF YES, WER IN CERTIFYING YES THE INTERNIS, PART 1 OF THE INTERNIS, PART 1 OF THE INTERNIS, PART 1 OF THE INTERNIS, PART 1 OF THE INTERNIS PART 1 OF THE IN	E FINDINGS USED CAUSES OF DEAT NO TO THE PART 2) UNTY ST., that (1) (we from the causes sto	TATE
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29	WEDICAL	gove rise to immediate couse (01) stolling the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE ON THE CONTRIBUTION OF THE	CONDITIONS CONTRIB 19b. CONDITION F 19b. CONDITION F 21b. TIME OF INJU HOUR A.M. M P.M. 21e PLACE OF INJ (AT HOME, STREET, FAC ital patended the decre control of the c	CONSEQUENCE O	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 211 HOW INJURY OCCUR! AR 19 211 LOCATION STREET ATTENDING PHYSICIAN P 222e ADDRESS 5411 Old Free OF CEMETERY OR CREMATORY	200 AUTOPSY? YES NO CITY OR TO CITY OR TO TO DECLINED STANDIRECTOR PHYSIC 234 LOCATION	20b IF YES, WER IN CERTIFYING YES THE INTERNISE PART 1 OF THE INTERNISE PART 1	LE FINDINGS USED CAUSES OF DEAT NO CAUSES OF DEAT NO CAUSES OF DEAT NO CAUSES OF DEAT NO CAUSES OF DEAT NO CAUSES STORY OF THE	we) loted
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A STANDARD S	WEDICAL MEDICAL	gove rise to immediate couse (01) stolling the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE ON THE CONTRIBUTION OF THE	21b. TIME OF INJU HOUR A.M. M. P.M. 21e PLACE OF INJU (AT HOME, STREET, FAC it of or the work of the w	CONSEQUENCE O SUTING TO DEATH I FOR WHICH OPERA RY ONTH DAY YE URY TORY, OFFICE, FARM, ETC DISED FOR 234. NAME C Balti ADDRESS 1050	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 211 LOCATION 3 211 LOCATION 4 212 LOCATION 5 211 LOCATION 5 212 ADDRESS 5411 Old Free 212 ADDRESS 5411 Old Free 213 ADDRESS 5411 Old Free 214 ADDRESS 5411 Old Free 215 CEMETERY OR CREMATORY MORE National C York Road 250 DAT	200 AUTOPSY? YES NO CITY OR TO CITY OR TO TO DECLINED STANDIRECTOR PHYSIC 234 LOCATION	20b IF YES, WER IN CERTIFYING YES IN TERM 18, PART 1 OI WIN CO TO THE TERM 18 TO	LE FINDINGS USED CAUSES OF DEAT NO [TATE We) I



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STATE OF MARYLAND

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1-	STATE REGISTRAR			DEPAKIN		ICATE OF		itilg 0	REG. NO.				
	LASED HANNE	FIRST	,	MIDDLE	L.	AST		2a. DATE OF	DEATH MO	ONTH DA	Y YEAR	2b. HOUR	· P.
(TYPE	OR PRINT) Ma	rtha	E	llen	Pe	arce			0,		80	9:25	м.
3. SEX		4 R	ACE		5. DATE C		YEAR	6 AGE (IN YE	ARS LAST BIRTHD		UNDER I YEAR	HOURS	MIN.
F	emale		Whi	te	12	30	669	70		YRS.			
	RTHPLACE (STATE OR FORE	IGN 76.	CITIZEN OF	WHAT COUNTRY?	8.	NEVER	MARRIED [9 BALTIMO	RE CITY OR	COUNTY	OF DEATH		
	aryland		USA		WIDOWE		IVORCED		Ltimo				MD.
10. CI	ty or town of DEAT	F1 5	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET	ADDRESS)		NOITUTITE	170 USUAL (TYPE OF WOR	OCCUPATION K FOR MOST OF V	VORKING LIFE	126. KIND O INDUSTRY Homer		
	AL RESIDENCE (IF NURSIN			GIVE RESIDENCE BEFORE	ADMISSION)								
13a. S	TATE	36. COUNTY		13c. CITY OR TOW	N	13d. INSIDE	CITY LIMITS?	13e STREET	ADDRESS 10 Sor	nonec	+ 435	01110	
	ryland E	Baltin	nore	Glen A	4101		S MAIDEN NA		10 301	ile i si	LAY	SILLIG	
14. FA	FIRST	MIDE		LAST			FIRST		F		Bar		
	Walter	R.		Bond Tibb SOCIAL SECU	DITY NO	17. INFORM	Christi	riie	ADDRES	S	Ба	<u> </u>	
(Y		(IF YES, GIVE WA	R OR DATES)	10.00					1201/	2 5 00	erse	+ A==	enue
	No			216-32-		MILA	red Pea	arce	1201	J 3011	APPRO	IMATE INTER	
	18 CAUSE OF DEATH PART I. DEATH WA	(Enter only on S CAUSED B MMEDIATE C	Υ:	r line for (a), (b), an	1/25	tour	2 Mi	ilt.	STOY	mi		1 the	this
	Conditions, if ony, gove rise to imme cause (a), stating underlying cause	the last.	(b) DUE TO, C	OR AS A CONSEQUI	ENCE OF							(-)	
z	PART 2. OTHER SIGN	IFICANT CO	NDITIONS C	ONTRIBUTING TO	<u>DE ATH</u> BUT	NOT RELATE	ED TO THE TERM	AIN AL DISEAS	SE OR COND	IIION GIVE	NINPARII	(0)	
CERTIFICATION	190. DATE OF OPERAT	ON	196. CONE	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUT	OPSY?	IN CERTIFY	WERE FIND ING CAUSE		TH?
	210. ACCIDENT WAS UNDE OR CONTRIBUTING C	AUSE OF DEATH		OF INJURY I.M. MONTH D P.M.	AY YEAR		INJURY OCCUR	RED (ENTER N	ATURE OF INJURY	IN ITEM 18, PA	RT I OR PART 2)		
MEDICAL	21d. INJURY OCCURRI	ILE C		OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCA STREE			CITY OR TOWN	1	COUNTY	\$1	TATE
	220.1 certify tha (1) sow the decease abave (1) (we) (di	this hospital	7/1/1/	1 3 10>	30,	_	y) (aur) opinian	, ta death occurr	ed on the de	e and hour		, that (1) (1) (1) e causes store	oted
	226. SIGNATURE	ele	este	Eller	ent	DEGREE		MEDICAL	STAF		5-	8-8	0
	224 PHYSICIAN'S NA	ME (TYPE OR PE	RINT)			22e. ADDR	ESS						
	Robert	E. St	oner.	M.D.		714	York	Road,	Tows	on			
	BURIAL, CREMATION, F		236. DATE		NAME OF	CEMETERY O	R CREMATORY	23d. LOC	ATION OR TOWN		COUNTY	ST	ATE
	(SPECIFY)		5/10	/80 F	ork l	Meth.	Cemet	ery F	ork	Ba1	timor	e M	ld.

DHMH - 16 25M

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by should be detached for use as the buind-tronsit permit. Then please remove corbon papers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked at Item 18 shows any injury, or ather froumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

retained by the hospital or attending physician.

(VR A 15 (4)) 9/74

Burial 5/10/80 :

24 FUNERAL DIRECTOR Kingsville, Md. ADDRESS
E.F. Lassahn Funeral Home

Fork Meth. Cemetery 21087 11750 BelairRd MAY 1

Baltimore 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pagretained by the hospital or attending physician.	death certificate be executed within 24 hours after death. Pag
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ending physician and completely filled in by the funeral direc carbon papers. Pages 1 and 2 should be filed within 72 hours on, or removal.

any injury, or other traumatic event, the m

IMPORTANT: If Item 21 is marked or Item 18 shows

DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTA		ICATE OF	MENTAL HYG DEATH	SIENES U	REG. NO.				
	CEASED NAME	FIRST		MIDDLE	ı	AST		2e DATE OF	DEATH MONTH	H DAY	YEAR	2b. HOL	
(TYPE	OR PRINT)	OTTO	T.7 T	LLTAM	T	PEETZ			05	12	80	u.	3.
3 SE			RACE	LLLAM	5 DATE C			AGE (IN YEA	RS LAST BIRTHDAY)		NDER I YEAR	IF UNDER	R 24 HRS
MALE WHITE			TTE	06		YEAR O3		76	MON!	THS DAYS	HOURS	MIN	
7e. B	RTHPLACE ISTATE OR FOR	REIGN 7		WHAT COUNTRY?	1			9 BALTIMOR	E CITY OR CO		DEATH		
	OUNTRY)		TT C				MARRIED .	DA		COLLY	TITISE		
_	IARYLAND	(4)		A. HOSPITAL, NURSIN	WIDOWE		NORCED	17e USUALO	LTIMORE		12h. KIND O	E BLICINI	MD.
10 C	IT OR TOWN OF DEAT	"		H FACILITY, GIVE STREET		OR OTHER INS	THOTON		FOR MOST OF WOR		INDUSTRY		
(CATONSVILLE		11	RAMBLING	OAK T	WAY, 2	L228				CONST	RUCT	CION
USU 130	AL RESIDENCE (IF NURSING STATE	IS COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE	CITY LIMITS?	13e STREET A					
1	MARYLAND	BALT	IMORE	CATONSV	ILLE	YES 🗌	NO 🔀		MBLING_	OAK W	IAY, 2	21228	3
14. F/	ATHER'S NAME	44	DDLE	LAST		15 MOTHER	S MAIDEN NA	WE	MIDDLE		LAS	7	
	OTTO	ma	70(6	PEET	Z		_	UNKN			res.		
160 \	VAS DECEASED EVER II	N U.S. ARM	ED FORCES?	166 SOCIAL SECU		17 INFORM			ADDRESS				
(NO NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	216-05-	7181	RUBY	C. PEET	TZ 470	9 SAYER	AVEN	NUE, 2	21229	9
	PART I. DEATH WA	Enter only AS CAUSED MMEDIATE	CAUSE (a)	fe.	cul	Ca	er 14	leabor	4		BETWEEN!	Lali	DEATH
	Conditions, if any, gove rise to immicause (a), stating underlying cause	ediote the lost	(c)	R AS A CONSEQUE	ENCE OF	sclu re NOT RELATE	Le Co	INAL DISEASE			IN PART 16	20	
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	OR CONTRIBUTING		110110 4	M. MONTH D	AY YEAR	THE HOW I	TORI OCCURI	KED (ENIEKNAIL	OKE OT INJUKT IN III	EM to, PARI I	UR PART 2)		
CAI	(IF EITHER, NOTIFY MEDICA	LEXAMINER)		Μ.	19								
MEDICAL	WHILE NOT WHI	ILE C	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCAT	ION		CITY OR TOWN		COUNTY	S	STATE
	22a.1 certify that (1) (saw the decease above, (1) (d alive an	3/1	9 19 \$	7011	nd that in (my		, to death occurred	3//2 I on the date or	19_ nd hour on		that (+) (
	22b. SIGNATURE	K	aun	r A	h	- 13		MEDICAL	STAFF PHYSICIAN		22c. DATE	SIGNED	182
	224 PHYSICIAN'S NA	ME (TYPE ORP	RINT)			22e ADDRE	SS						
	CLIFF RA	TLIFF	JR.	M.D.		5772	WESTVIE						
	BURIAL, CREMATION, R	REMOVAL	23b. DATE				CREMATORY	23d. LOCAT	TOWN		JNTY		TATE
E	NTOMBMENT		05-16	-80	LOU	DON PA	RK	BALT	IMORE C	TTY	MARY	YLANI	ט

24 FUNERAL DIRECTOR 21229 ADDRESS HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE, 25a. DATE REC'D

BY REGISTRAR 256 REGISTAR'S SIGNATURE

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STATE OF MARYLAND

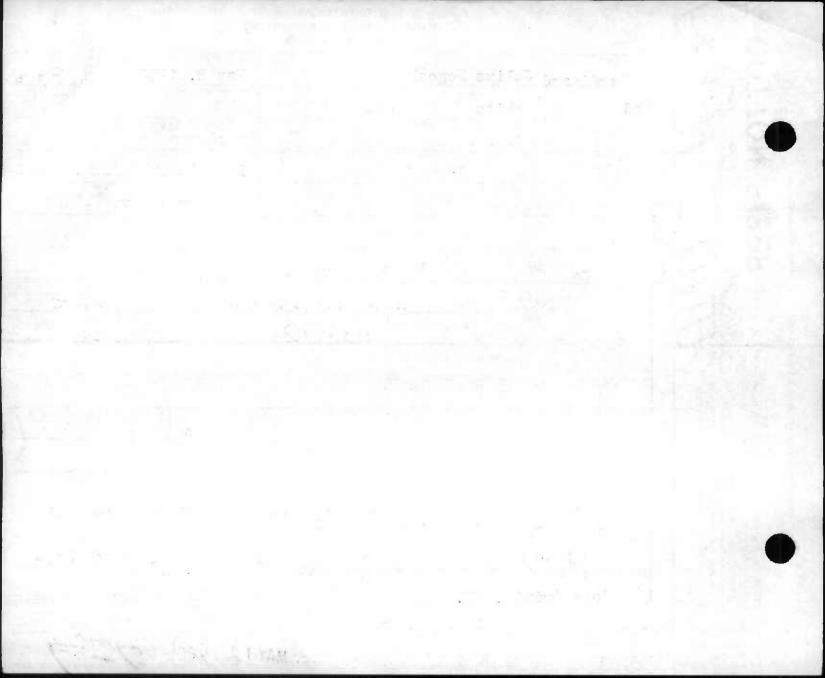
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		STATE REGISTRAR				CERTI	FICATE OF DEATH	REG. N	10.		
		CEASED NAME OR PRINT)	FIRST	Tarlia	s Penc	ole	LAST	May 8.	момтн D	DAY YEAR	2b HOUR
-	0.053	Ferdin	and	4 RACE	s renc		OF BURYLL	J	-	IF UNDER I YEAR	IF UNDER 24 HRS
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		Male		Whit			cn 27,1919	61	YRS		
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2		ryland		U.S.		WIDOW	ED DIVORCED	Baltimor		nty,	MD
1		TY OR TOWN OF DEA	тн				OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
-		ndalk				e Aven		Pipe Fit	ter	Beth.	Steel
2	13a. S	TATE ryland	13P COAN	timore	113c CITY OR	E BEFORE ADMISSION R TOWN alk	13d INSIDE CITY LIMITS? YES NO TO	902-A Gr	ove A	ve. 21	.222
		THER'S NAME		MIDOLE	_ LAS		15. MOTHER'S MAIDEN NA			NAS TAR	1
0	Au	gust			Penc	ek, Sr	Mary	A DDDLE		Mekolo	on
		AS DECEASED EVER		MED FORCES		SECURITY NO.	17 INFORMANT	ADD	RESS		
-	NO		(= 10,00		213-	20-475	Cora V. P	encek (sa	me as	line	13)
		18 CAUSE OF DEAT	ly one couse p	per line for (o), (b), and (c)					MATE INTERVAL ONSET AND DEATH	
		PARTI DEATH WAS CAUSED BY My Ocardial Infarction							mine	1th	
	410 - DUE TO, OR AS A CONSEQUENCE OF 11 & 27 (1)						112000				
		Conditions, if ony, which				HASCVD.					
				(6).			HAZCVV.			42	•
		gove rise to imm	nediate g the	DUE TO.	OR AS A CONS	SEQUENCE OF	HASCVV.			42	•
		gove rise to imm	nediate g the	(b), DUE TO,	OR AS A CONS	SEOUENCE OF	HASCVV.			44	
	_	gove rise to imm couse (a), statin underlying couse	nediate g the last.	(c)			T NOT RELATED TO THE TERA	MINAL DISEASE OR CON	ADITION GIVE	EN IN PART 1/2)
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	ICATION	gove rise to imm couse (a), statin underlying couse	nediate g the last.	(c) CONDITIONS	CONTRIBUTING	G TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CON	20b IF YES	, WERE FINDIN	NGS USED
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should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial. IMPORTANT: If Hem 21 is morked or Item 18 shows ony O FUNERAL DIRECTOR: retoined by the hospital

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk, Inc.



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FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 PEG. NO) / 0 4
1. DECEASED NAME FIRST (TYPE OR PRINT) GEV TY	ude I.	Peters	2e. DATE OF DEATH	MONTH DAY YEAR 28 HOUR 5
female	(aucasion	5. DATE OF BIRTH MONTH GAY YEAR OF 30 0	AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 2 IF UNDER 2 IF HOURS MONTHS DAYS HOURS MIN.
20 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	ILSA,	MARRIED NEVER MARRIED WIDOWED NORCED	Balto.	ecounty of Death
Randalls town	(IF NOT IN SUCH FACILITY, GIVE S	IRSING HOME OR OTHER INSTITUTION THEET ADDRESS)	The USUAL OCCUPATED THE CONTROL OF WORK FOR MOST OF	FWORKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOMI 136. STATE	DUNTY 134 CITY OR	DEFORE ADMISSION) TOWN 134 INSIDE CITY LIMIT YES NO 3	5? 13. STREET ADDRESS 715 Leaty	Pikesville, Md.
14 FATHER'S NAME FIRST Harry	MDDOLE LAST F. Kleinte	mk Gertrude	MIDDLE	McCusker
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, NO	GIVE WAR OR DATES)	Security no 17 Informant 3-3947 Jay Peters	Pikesville 715 Leafu	ss dale 21208 dale Terr.
PART I. DEATH WAS CAU	DUE TO, OR AS A CONSI	CUTE Mystaus EQUENCE OF	les Infa	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICAN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO		TERMINAL DISEASE OR CONT	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH		CURRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)

211 LOCATION

STREET

CITY OR TOWN

and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated

STATE that (1) (we) last

saw the deceased alive an abave, (1) (we) (did) (did not) wew the 226. SIGNATURE

220 I certify that (I) (this haspital) attended the deceased fram

MEDICAL STAFF
DIRECTOR | PHYSICIAN | PHYSICIAN

22c. DATE SIGNED

COUNTY

22d. PHYSICIAN'S NAME I PE OR PRIN

NOT WHILE

AT WORK

21d. INJURY OCCURRED

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BUrial

Lorraine Park

DEGREE

23¢ NAME OF CEMETERY OR CREMATORY

5310 Old Court Rd/ Maryland

1133

Palto.

Md.

236. DATE

21s PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

woodlawn 520 DMBBEC.D

23d LOCATION

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Pawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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marked or Item 18

MPORTANT: If Item 21 is

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WHILE AT WORK THE RESIDENCE OF THE PARTY OF T

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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 minospital or attending physician.	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	INC	
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	OR ATTENDING PHYSICIAN: nospital or attending physician.	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 - STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO 1. DECEASED NAME (TYPE OR PRINT) 2ª DATE OF DEATH MONTH 2b. HOUR A. IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX SEPT. HOURS. DAYS 1885 WHITE 94 **FEMALE** cian and completely filled in by the funeral directors. S. Pages 1 and 2 should be filed within 72 hours af YRS BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED | U.S.A. NEW JERSEY BALTIMORE COUNTY WIDOWED DIVORCED TO CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12h KIND OF BUSINESS OR MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicit should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

)	RANDALLSTOWN	"AT"HOME					
)	USUAL RESIDENCE IF MURSING HOME C 130 STATE 136 COU MARYLAND BALT	OTHER INSTITUTION NTY IMORE	RANDALLSTOWN				
	14 FATHER'S NAME FIRST DAVID	WIDOLE	ANDRIESSE	15 MOTHER'S MAIDEN NAME FIRST ROSE	WE	COHEN	
	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GP	MED FORCES? E WAR OR DATES)	218-01-4187 D	17 INFORMANT MRS. 2909 FAL	IRENE F RPED S LSTAFF RD., APT. 2		
2	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, O DUE TO, O DUE TO, O (b) DUE TO, O (c) CONDITIONS C	R AS A CONSEQUENCE OF	CVA Heat Fa NOT RELATED TO THE TERM		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH N IN PART 1(a) WERE FINDINGS USED ING CAUSES OF DEATH?	
1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE OF CHIEFER, NOTEY MEDICAL EXAMINED WHILE NUMBER NOT WHILE AT WORK	HOUR A P. 21e PLACE	OF INJURY M. MONTH DAY YEAR M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.	21t HOW INJURY OCCURR 21t LOCATION STREET	YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18, PAR CITY OR TOWN		
1	220. I certify that (I) (this hoss saw the docased olive o above. (I) (we) (did) (did n) (22b. SIGNATURE	y - 2 ot) view the body	3 19 Se or	DEGREE ATTENDING	death occurred on the date and hour of the date and	nnd from the couses stated 22c DATE SIGNED 5 - 23 - 50	
	230. BURIAL, CREMATION, REMOVA ISPECIFY) BURIAL	23b. DATE		EMETERY OR CREMATORY	BALTIMORE	OUNTY STATE	

HERREW ERIENDSHIP

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD., BALTO., MD 21215

MAY 2 8 1980

DHMH-16 25M (VRA 15, 4) 1/79

180 Fry Files

	١,	FOR		DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 ()		1 /	8 4
		STATE REGISTRAR		2.2		ICATE OF DEATH	REG. NO			
	1. DE	CEASED NAME FI	Pru	MIDDLE 1 C C		AST	24 DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
1		Rut	h	XX	Phi	11ips		5 2	3 80	1:20 PA
1000	3 SE	X	4 RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 24 HRS
Mg.		Fema1e	Whit	e	Feb.		73	YRS.	DATS DATS	HOURS MIN
1		RTHPLACE (STATE OR FOREIC	N 76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
383		Virginia	U.S.	Α.	WIDOWE		Baltimore	Count	у,	JM.
25 de 10		TOWSON	11. NAME OF		IG HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Home Make	F WORKING LIFE)		of Business or Home
20 C	13a		COUNTY	13c. CITY OR TOW	N		13e STREET ADDRESS	_		
xamiin		Iryland B	altimore	Timoniu	m	YES NO X	203 Sande	e Road	1	
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medic	1	Almond VAS DECEASED EVER IN I	C.	Pruitt	DITY NO	Lizzie	C.	200	Campb	ell
the	1		YES, GIVE WAR OR DATES)	223-09-		Gibson C. Phi		as #1		1 =
event,		18 CAUSE OF DEATH	nter only one couse pe						BETWEEN	MATE INTERVAL ONSET AND DEATH
rbon papers.		PART I. DEATH WAS	MEDIATE CAUSE (a)_	Cardio R	espir	atory Arrest				
on, or rem traumatic		4275	DUE TO.	OR AS A CONSEQUE	NCE OF					
ation er tr		Conditions, if ony, wl		Cardiac	Arres	t, Hypoxia &	Brain Damag	е		
or oth		gove rise to immedicause (a), stating underlying cause I		DR AS A CONSEQUI	NCE OF					
to burial,	z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	o i
orior ws an	CERTIFICATION	190 DATE OF OPERATION	N 196 CON	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
sho	E						YES NOT	IN CERTIFY YES	ING CAUSES	NO
Hygi	18	21a. ACCIDENT WAS UNDERLY	ING 216. TIME	OF INJURY		21c HOW INJURY OCCUR				
or Iten		OR CONTRIBUTING CAUS	e or pentil	.m. MONTH D	AY YEAR					
Mer	MEDICAL	21d. INJURY OCCURRED		OF INJURY	19	211 LOCATION				
marked or Item 18	ME	WHILE NOT WHILE	[AT HOME, S	TREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOV	/N	COUNTY	STATE
for use as of Heal		22a I certify that (I) (thi			5	1/22		, ,		that (I) (we) los
d for upt. of I		sow the deceased of obove, (1) (we) (did)	(did not) wew the bod		80	nd that in (my) (our) opinion	death occurred on the de	ate and hour	and from the	couses stated
hed Dept		22b. SIGNATURE	1.8			DEGREE			22c. DATE	SIGNED
		5.1	LOTT		- 1	ATTENDING PHYSICIAN	MEDICAL STAI		5/2	3/80
TAN	1	224. PHYSICIAN'S NAME	(TYPE CHIPETY)			220 ADDRESS				
with the State IMPORTANT:		S. N	ajjar			GBMC 6701 N	. Charles S:	t 21°	204	
3 2	23e.	WRIAL, CREMATION, REA	AOVAL 236. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	123d LOCATION			STATE
		Burial	May 2	6,1980 F	orest	Lawn Cemetery	Richmond	_	COUNTY Vire	ginia
10.0511	24 F	UNERAL DIRECTOR	,				E REC'D. BY REGISTRAR		AR'S SIGNAT	4
-16 25M 5, 4) 1/79	Ru	ck Towson F	uneral Hom				Y 2 7 1980	Ming	My Mel	ready
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injury, or ather traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

MPORTANT: If them 21 is marked or Item 18 shaws any

OR ATTENDING PHYSICIAN: The law requires that the death certificate

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CEKIIF	ICATE OF	DEATH	REG. 1	NO.				
	ECEASED NAME FIRST		WIDDLE		AST		20 DATE OF DEATH		DAY	YEAR	2b. HOUR	
	There	sa		Pila	chowsk:	i.		5	15	80	2:00P M	
3. S	EX	I. RACE		5. DATE OF BIRTH			6 AGE (IN YEARS LAST BI	RTHDAY)		DER 1 YEAR		
	female	Lte	10	14	O ^{YEAR}	77	YRS	MONTH	DAYS	HOURS MIN		
76.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	b. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MORCED			Baltimore County of DEATH Baltimore County MD.					
10.		HOSPITAL, NURSIN	IG HOME (OR OTHER INS		120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR						
	Baltimore		08 Duluth		ue		Seamstress INDUSTRY B V D Co					
130	UAL RESIDENCE (IF NURSING HOME OR O . STATE 13b COUN (ary land Bal		GIVE RESIDENCE BEFOR		13d. INSIDE (NO 🏋	13e STREET ADDRESS 6808 Duli		venu	le		
14. 1	FATHER'S NAME FIRST Karol	(DDLE	Para			S MAIDEN NA/ FIRST KROWR KE	me middle atherine		Pu	rlen	ıski	
160.	WAS DECEASED EVER IN U.S. ARA	ARMED FORCES? 166 SOCIAL SECU			17. INFORMA		ADDI	RESS				
L	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	217 05 9	138 A	Dolo	res Cur	ran 6806 Di	luth	Ave			
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: OMMEDIATE CAUSE (0) CARCINGM ATOSIS									19	977	
	1500											
	Conditions, if ony, which (the CARCINOMA OF COLON									1977		
-	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
	underlying couse lost.											
	DART 2 OTHER SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT DELATE	TO THE TERM	INAL DISEASE OF COL	NDITION (LIVENUN	J D A D T 1	(m)	
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) ART ERLEGICLEROTIC CARDIUDASCULAR AND CEREBROVASCULAR DISEASE											
CERTIFICATION	ARTERIOSCLEXOTIC CARDIOVASCULAR AND CEREBROVASCULAR DISERS									RE FINDI	INGS LISED	
I S	THE DATE OF OFERATION	TAL COIND	mort ok willen					IN CER	TIFYING		S OF DEATH?	
Ē	AL ACCIDENT WAS INDEDIVING	ALL TIME C	NE INTILITY	NJURY 21c. HOW INJURY OCCURR				_	YES		NO 🗌	
	On convenience Convenience	HOUR A.		MONTH DAY YEAR				URY IN ITEM 1	B. PART I C	JRPAREZ)		
MEDICAL	(IF EJTHER, NOTIFY MEDICAL EXAMINER)	P.	M.									
NED A	21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN								CC	OUNTY	STATE	
1	WHILE NOT WHILE AT WORK AT WORK											
		220.1 certify that (1) (thic baseled) attended the deceased from MAY 19 71 , to DECEMBER 19 79 , that (1) (ma) lost										
	saw the deceased alive on DECEMBEN 19 79 , and that in (my) (own) apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
	226. SIGNATURE DEGREE 221. DATE SIGNED											
	Cliffing Chewardswork M.D ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN (05-16-80											
1	22d. PHYSICIAN'S/NAME (TYPE OR	PRINT)			22e ADDRE		-					
	ANTHONY A LE	WANDOW	USKI, M. I				A Rd. T.	DWSCN	m	0121	1204	
23a	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN		COUN		STATE	
	Burial	5/19/	/80 H	oly R	osary		Baltimo	re		Mar	yland	

DHMH-16 60M 1/73

(VR A 15 (4))

etained by the hospital or attending physician.

24. FUNERAL DIRECTOR Walter Dabrowski

1005 Dundalk Avenue

25a DATE REC'D

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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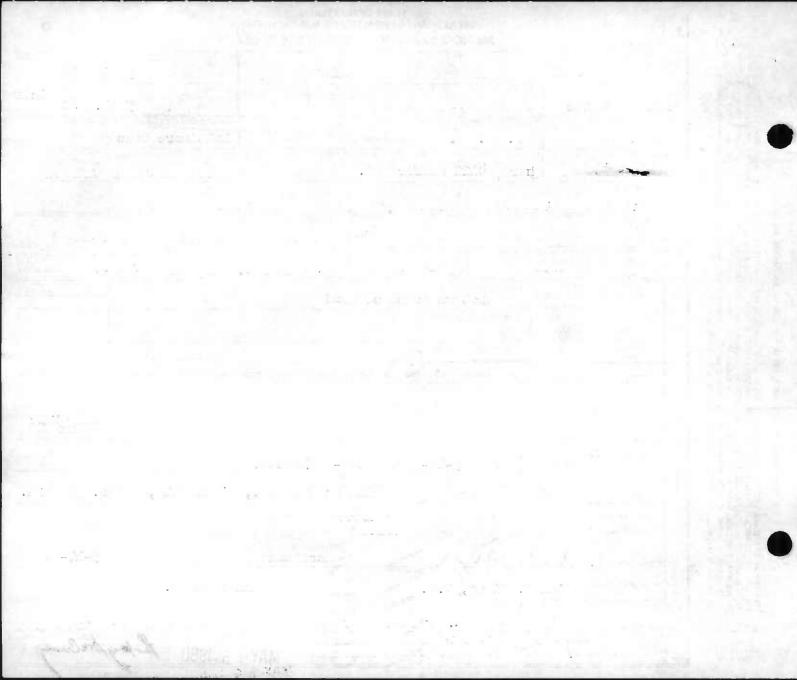
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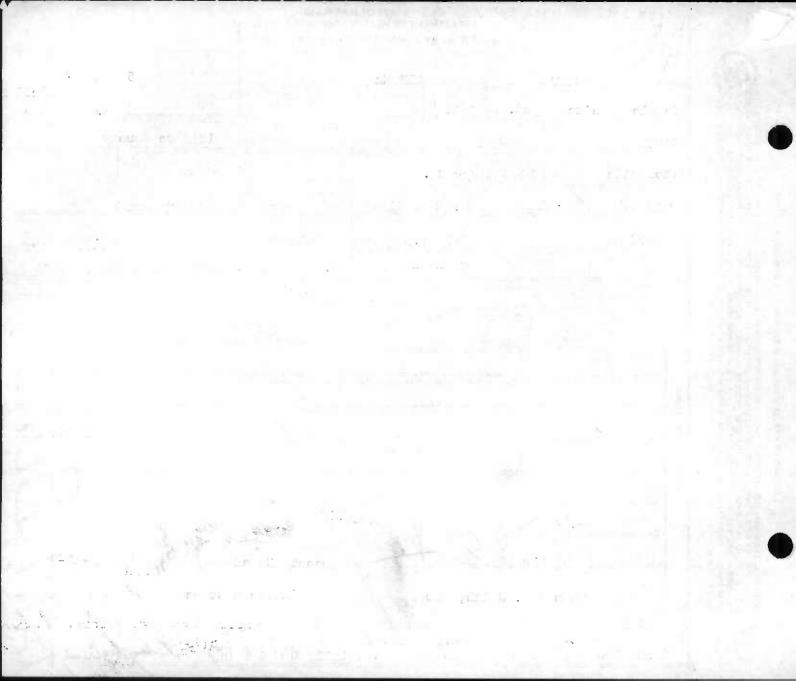
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STATE OF MARYLAND



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	PE OR PRINT)							OF ESTI-		
2.66		ERIT	TE OF BIRTH	PTNT	EARS IF UNDER	1 YR. IF UNDE			MONTH .	11 1980 DAY YEAR 124
3. SE	X ARACE	MON?	TH DAY	YEAR LAST BIRTH		DAYS HOURS		DATE		DAY YEAR 121
	emale whi	te Oc	t. 4, 19	929 50	YRS.		0.0	ALTIMORE CITY		11 1980
	IRTHPLACE (STATE OR OREIGN COUNTRY)	/b. C11	TIZEN OF WHA	COUNTRY?	8. MARRIED	XXNEVER MAR	RIED 🔲		_	
	way		Norway		WIDOWED	DIVOR		altimore		
10. C	ITY OR TOWN OF DEAT			TAL, NURSING HOA		NSTITUTION	12a USUAL FOR MOST	OCCUPATION (T OF WORKING LIFE)	TYPE OF WORK	b. KIND OF BUSINE OR INDUSTRY
	tonsville	24	06 Kirt	y Ct.			Lib:	of working life) rarian		Library
	AL RESIDENCE (IF IN NURS	SING HOME OR OTHER		RESIDENCE BEFORE ADMIS		INSIDE CITY LIMITS?	13e. STREET	ADDRESS		
		Baltimo:		Catonsvi		ES NOX		06 Kirby	Court	٠
_	ATHER'S NAME	MIDDL		LAST	15.	MOTHER'S MAIL	DEN NAME	MIDDLE		LAST
	Julius	MIDDE		Heloesen		Inar		MIDDLE	Cl	Lausen
160.	WAS DECEASED EVER I		DRCES?	166. SOCIAL SECUR	ITY NO. 17.	INFORMANT	and the	ADDRE		21228
	YES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR E	DATES)	218-80-10	83 M	r. Gabri	el G. i	Pinter,	2406 Ki	rby Court
=	18. CAUSE OF DEATH	(Enter only one	ouse per line fo	r (a) (b) and (c)	327					APPROXIMATE INTER
	PART I DEATH WA	AS CAUSED BY:	٨	cute drug	intox	ication				BETWEEN ONSET AND
	3049	IMMEDIATE CAU	0= (0)	S A CONSEQUENCE		10001011	7			
1	Canditions, if an	ny, which			/		1			
	gove rise to in cause (a) stating t		(b)	S A CONSEQUENCE	OF					
	lying cause last.		. Other	/ Aconstation	. 01	7				
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	(c)	NOT RELATED TO THE TE	PAINAL DISEASE OR	CONDITION GIVEN IN E	PART L (a)			
Z	That I write you want	CONTINUE CONTINUE	Jillo To Bekill Bot	NOT RELATED TO THE TEL	AMILIAE GIJEKJE GK	CONDITION OFFER IN I	MKI 1 (g).			
1 8	190. DATE OF OPERAT	TION	19b. CONDITIC	ON FOR WHICH OPE	RATION WAS	PERFORMED?				20. AUTOPSY?
										YES THE NO
! 은	216. EXTERNAL CAUSI	EWAS	21b. TIME OF IN	VILIRY	71c HOW	INJURY OCCURE	RED (ENTER NATU	IRE OF INJURY IN ITEM	18 PART 1 OR PART	4545
ERTIFIC			HOUR A.M.	MONTH DAY YEA						
AL CERTIFICATION	UNDERLYING O									
	CONTRIBUTING C	AUSE OF DEATH	R.M.	INJURY (AT HOME	21f. LOCAT	ION				
MEDICAL CERTIFIC	CONTRIBUTING C	AUSE OF DEATH	R.M. 21e. PLACE OF STREET, FACTOR	INJURY (AT HOME,	21f. LOCAT		CI	TY OR TOWN	COUN	TY S
	CONTRIBUTING	AUSE OF DEATH	21e. PLACE OF	INJURY (AT HOME,	STREE	Т	CI	TY OR TOWN	COUN	тү :
	CONTRIBUTING C 21d. INJURY OCCURRI WHILE NOT V AT WORK AT WC	AUSE OF DEATH ED WHILE ORK	21e. PLACE OF STREET, FACTOR	INJURY (AT HOME,		Т			and in my opin	
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	CONTRIBUTING C 21d. INJURY OCCURRI WHILE NOT V AT WORK AT WC 22a. I certify that I death resulted from	AUSE OF DEATH ED WHILE ORK	21e. PLACE OF STREET, FACTOR	INJURY (AT HOME, IY, FARM, ETC.)	AutopsyX Suicide	Inspection Hamicide	Undeterm	ined manner	and in my opin	ion
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MEDICAL	CONTRIBUTING C 21d. INJURY OCCURRI WHILE AT WORK 22d. I certify that I death resulted from ACTUAL SIGNATURE EXAMINER'S MAME (TYPE OR PRINT) BURIAL, CREMATION, RE (SPECIFY)	AUSE OF DEATH ED WHILE ORK Tools though the	21e. PLACE OF STREET, FACTOR	INJURY (AT HOME, IY, FARM, ETC.) bed above, held an crident S	AutopsyX, Suicide , M.D., ADI	Inspection Homicide TITLE (SPECIFY) Deputy DRESS	Chivedica Pann 134. LOCA 134. LOCA	inquiry , ined manner LEXAMINER Street TION OWN	OND IN MY OPIN DATE SIGNED COUNT	5-12-80 y STATE
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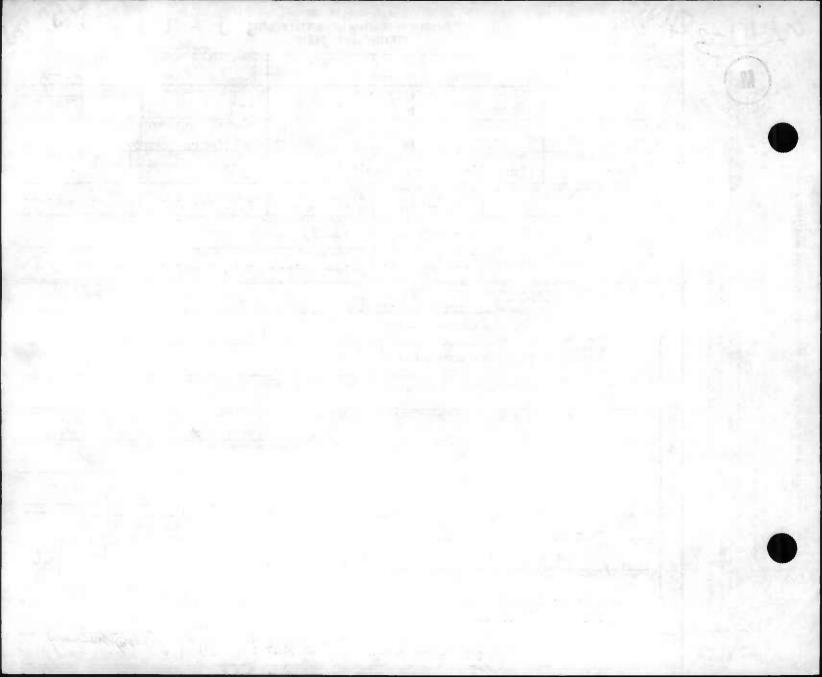


DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN: The law ital or attending physician. TO HOSPITAL OR ATTE

executed within 24 hours af

requires that the death certificate be

. 2	3	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO.									5 3		
1			CEASED NAME FI	M	20. DATE OF DEATH		DAY YEAR	26 HOUR					
		GEORGE WASHINGTON PITTS							May 14. 1	980		1:55p M	
27		3. SEX			ACE		5 DATE C		& AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS	
rect rrs all once.		Male			Negro			1 03	77	YRS.	MONTHS DAYS	HOURS MIN.	
72 hou	35	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND		5N 7h. C	7b. CITIZEN OF WHAT COUNTRY? U.S.A.		MARRIE WIDOWE	D NEVER MARRIED &	Baltimore County OF DEATH Baltimore County			MD	
by the fur ed within 1st be not	57	Baltimore		11.	11. NAME OF HOSPITAL, NURSING HOME OR LENOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hosp			oital			12b KIND OF BUSINESS OR INDUSTRY		
should be fill examiner mu	marked or Item 18 shows any injury, or other traumatic event, the medical examiner mus	13a S	ARYLAND	COUNTY		ove residence before 13c. CITY OR TOW Camebric	N	136 INSIDE CITY LIMITS?	136 STREET ADDRESS P.O. Box	163 Cł	hase, M	D 21027	
completely 1 and 2 sho		_	THER'S NAME FIRST EOTGE	W.		Pitts,	Sr.	Florence	WE		Reed	if	
T . C			VAS DECEASED EVER IN L ES, NO OR UNKNOWN) (# NO	J.S. ARMED YES, GIVE WAI		218-05-		17 INFORMANT Clara Pitts	P.O. Box 163 Chase, MD				
pers. loval. even			IS CAUSE OF DEATH (E	nter only or	ne couse per le	ne for (o), (b), on	d (Ch)				BETWEEN	MATE INTERVAL ONSET AND DEATH	
en signed by the atter hen please remove ca r to burial, cremation ny injury, or other tra		NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE									01	
permit. T permit. T jiene prioi 3 shows a		CERTIFICATION	190 DATE OF OPERATION	1% CONDIT	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? YES NO SO NO SO NO STATE OF DEATH YES NO SO N				
s certifica al-transit ental Hyg r Item 18		-	218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	216. TIME OF HOUR A.M P.M	MONTH DA	AY YEAR	21c HOW INJURY OCCURE	RED LENTER NATURE OF INJU	RY IN ITEM 18, P	ART 1 OR PART 2)	9	
After this the burning and Miles		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		218. PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	MM	COUNTY	STATE	
ECTOR: for use as of Healt em 21 is			220.1 certify that (1) (His hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19										
ERAL DIR detached State Dept	12		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN 226. ADDRESS										
should be with the import	1	22. 0	Dr.	M. Ro	mbro	122	IAME OF C	805 FUSI	ELAGE 1	TVE.	. 21:	ao	
		230. B	URIAL, CREMATION, REM PECKY) Burial	TOVAL 2	36. DATE 5/19/8			EMETERY OR CREMATORY	236. LOCATION CITY OR TOWN		COUNTY	STATE	
		24 FI	INERAL DIRECTOR		2/13/0	ou Si	arp S	St. Church Cem	Camebrid E REC'D. BY REGISJRAR		MAP'S SINAMI	aryland	
HMH-16 25N RA 15, 4) 1/7		Wr	n. C. March	F.H.	1101	E. North	Aven	ue MA	1 6 1980	6.4	And I was	1	



ettained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, per should be detached for use as the burial-trainsi permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours after the with the State Deat. Of Health and Mental Hydiene prior to burial, cremation, or remove, or remove.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.
etained by the hospital	TO FUNERAL DIRECT should be detached for with the State Dept. of	IMPORTANT: If Item

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER

0 1178		8	1	1	1	0
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1 -	REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.				
	CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEA		DAY	YEAR	26. HOU	R
11111		ouis		E	F	limack		5	23	80	10	PM
3 SE	X	4	RACE		5. DATE C		& AGE (IN YEARS LA	ST BIRTHDAY)	IF UND	ER I YEAR	IF UNDER	24 HRS
	MALE		WHITE	3	OCT.	6, 1896	83	Y	RS.	JA.13		
	RTHPLACE (STATE OR FO	DREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D XXNEVER MARRIED [9 BALTIMORE C	TY OR COL	UNTY OF D	EATH		
	MARYLAND		U.5	S.A.	WIDOWE	_	BALTIMO	RE CO	UNTY			MD.
10 C	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCU		ING LIES INI	. KIND O DUSTRY	F BUSINE	SSOR
	RANDALLSTO		BALTIMO	RE COUNTY	GENE	RAL HOSPITAL	MANUFACT				CLOTH	IING
13e 5	AL RESIDENCE (IF NURS STATE ARYLAND	136 COUNT BALTO	Y	PIKESVIL	N	134 INSIDE CITY LIMITS?	130 SLAD	ESS E AVE	., AP	Г. 52	23 #2	21208
14 FA	AKIVA	MI	DDLE	PLIMACK		15. MOTHER'S MAIDEN NA. FIRST JENNIE	ME	DLE		SILVI	ERMAN	J
	VAS DECEASED EVER			166 SOCIAL SECU		17 INFORMANTMRS.	NELLIE PR	PRACK				
(,	YES, NO OR UNKNOWN)	WWI A	RMY	214-16-8	270	130 SLADE AV	E., APT.	523	#21208	3		
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	one cause per				0			APPROXI	MATE INTER	VAL DEATH
	PARTI DEATH W	IMMEDIATE		CONGES	TIVE	HEART I	CAILURE	,				
	410-		DUE TO, O	R AS A CONSEQUE	NCE OF							
	Conditions, if ony,		(b)_	P1400	4201	AL INFAR	LCTION					
	cause (a), statir underlying cause	g the	DUE TO, O	RAS A CONSEQUE	NCE OF	SCLEROSI						
			((c)					CO. 10 1710		DART 1		
Z	PART 2 OTHER SIGN	OBE-	TET	MELL	TU	NOT RELATED TO THE TERM	VINAL DISEASE OK	CONDITIO	N GIVEN IN	PARI I(c	3,	
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY		IF YES, WER			
RTIF							YES NO		YES 🗌		NO []
	21a. ACCIDENT WAS UNI	-	HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	KED (ENTER NATURE C	F INJURY IN ITE	M 18, FART 1 O	(PART 2)		
MEDICAL	(IF EITHER, NOTIFY MEDIC		P.		19							
MED	216 INJURY OCCUR	HILE	(AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY	OR TOWN	co	YTHU	ST	TATE
	AT WORK	JRK —			MAL	80	1 411	, 7 2		50		
	22a. I certify that (1) saw the deceas		1 . 1 . 1 .	23 19	80	nd that in (my) (our) opinion	death occurred an	the date on		,	that (I) (v	,
	above, (I) (we) (s 22b. SIGNAJURE			after deoth.	. 0	DEGREE	ocom occorred an	inc date att		2c DATE		7100
	Mr	uti	de	repri	1	10 ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [/	MAY	-	1980
	224. PHYSICIAN'S N.	AME (TYPE OR	_			22e ADDRESS		14				
	ALBE	270	ARK	REGUI		BALTIMONE	COUNTY	65M	ERAL	405	PITA	~
23a	BURIAL, CREMATION, SPECIFY)BURIAL	REMOVAL	236. DATE			EMETERY OR CREMATORY	23d. LOCATION	N	COUNT	I.A.	STA	ATE
	ROKTAL		5-25-	8U ARL	INGTO	N-CHIZUK AMUN	O IBALTIMO	DRE			A	AD.

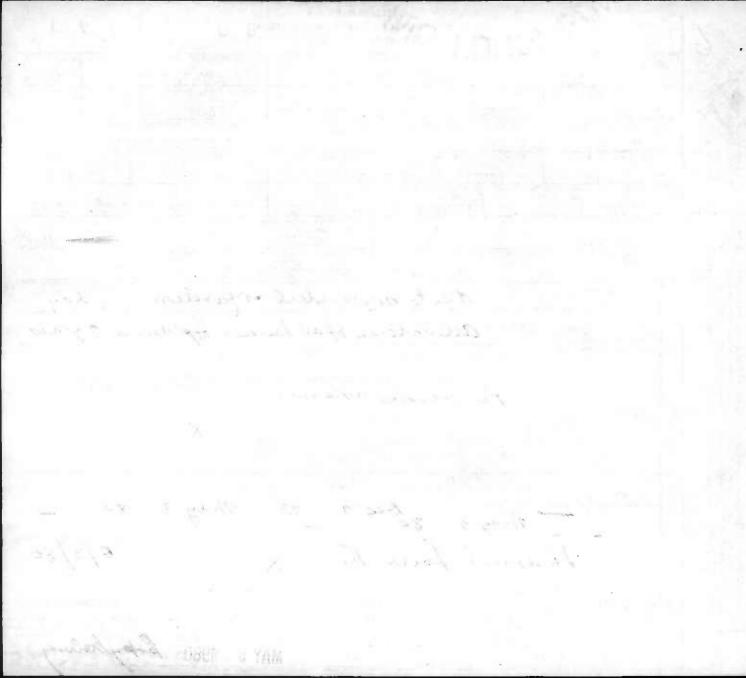
DHMH-16 25M (VRA 15, 4) 1/79

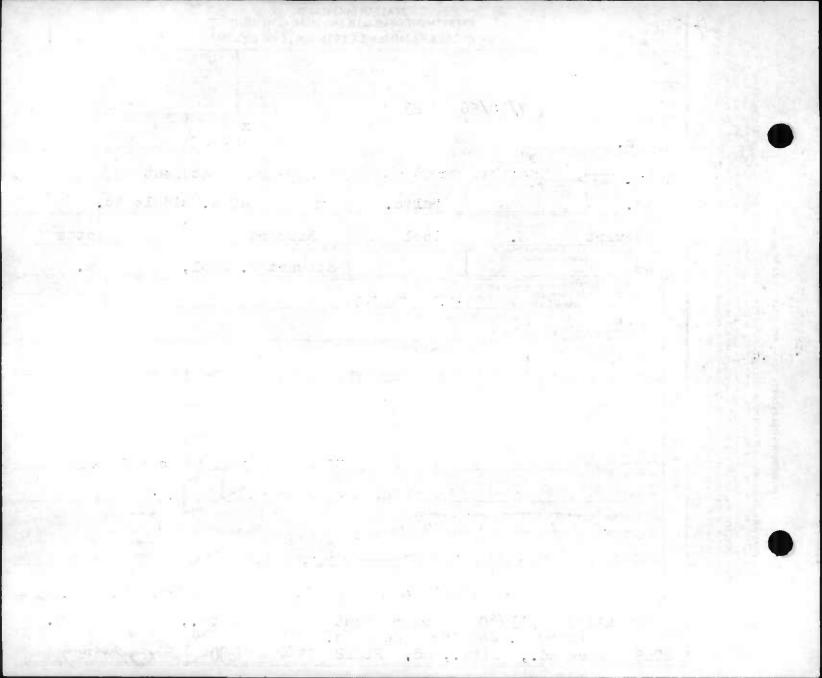
24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

MAY 2 8 1980

MAY 2 & 1980 - Andrews

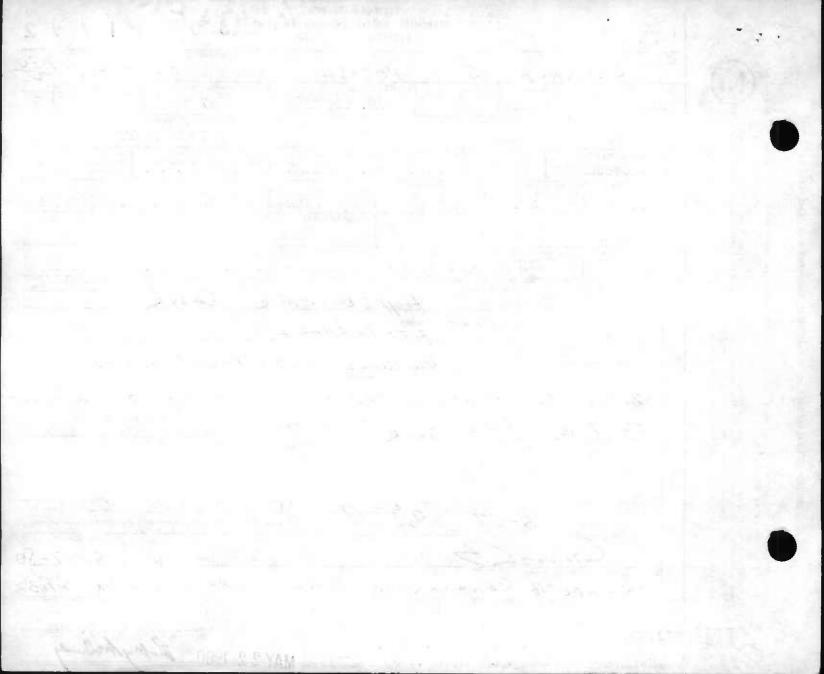
		FOR			DEPARTA		E OF MAKTLAND IEALTH AND MENTAL HYG	HEMED (*)	1 1 1	9 0
6	1-	STATE REGISTRAR			PLI AKIN		ICATE OF DEATH	REG. NO	D.	, ,
		CEASED NAME	FIRST	M	IDDIE 2	Ł	AST	2n DATE OF DEATH	MONTH DAY YEAR	R 26. HOUR
	(ITPE	OR PRINT)	IDA		(RUBINST	EINIP	OLLACK	MAY 3	. 1980	4:10
1	3 SE	(RACE	(RODINO)	5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 Y	EAR IF UNDER 24 HRS
nce.		FEMALE		WHIT	E	OC		86	YRS DA	AYS HOURS MIN
at or	76. BI	RTHPLACE STATE OR F	OREIGN 71		VHAT COUNTRY?	1		1 BALTIMORE CITY O		4
Fied		MARY LAND		USA		WIDOWE	D NEVER MARRIED L	BALTIM	ORE COUNTY	
02		TY OR TOWN OF DE	ATH I	1. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12R USUAL OCCUPATI	ON 126. KIN	ID OF BUSINESS O
ad //	1	PIKESVILLE			ILLE NUR	_	HOME	HOUSEWIF		AT HOME
E	USU	AL RESIDENCE (IF NUR	SING HOME OF O	THER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
Jan 15		MARYLAND	BAL		PIKESVI		YES NO XX		TS LEVEL RI). #21208
uexa	1000	THER'S NAME					15. MOTHER'S MAIDEN NA	ME		
(es 20)		ABRAHA.		DOLE	GORDON		MOLLY	WIDDLE	LIM	NOWN WIS
medical		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO	17 INFORMANT ALB	ERT RUBENST		, ,
the		VO	I'M TES, GIVE W	AR OR DATES	219-20-	0876	8338 SCOTTS		#21208	
event,		IL CAUSE OF DEAT	H (Enter only	ane cause per l	line for(a), (b), ark	dichi		11.1	BETW	PROXIMATE INTERVAL
injury, or	_	PART 2 OTHER SIG		ONDITIONS 20	NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PAR	T Hai
any	TO TO			1-2	mice	ous				
8-shows	CERTIFICATION	190 DATE OF OPERA	TION	196. CONDII	ION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	200. IF YES, WERE FIN IN CERTIFYING CAU YES	
tem 18	CER	71e. ACCIDENT WAS UN	-	21b. TIME OF	A. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED JENTER NATURE OF INJUR	IY IN ITEM 18, PART 1 OR PART	2)
or Ite	CAL	LIF EITHER, NOTIFY MEDIC		P.A		19				
marked	MEDICAL	214 INJURY OCCUR	HILE [2 IR PLACE C	OF INJURY SET, FACTORY, OFFICE, F	ARM, ETC	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
25		22a. I certify that (I		1) attended the		100		10 1/124	3 1980	, that (I) (wa) la
E .	1 5	saw the decease above, (I) (we) (ed alive an did) (did_gat)	view the bad	ofter death.		nd that in (my) (pur) apinion	death occurred an THE de		
NT: 11		22h SIGNATURE	1%.	anue	l Le	in	ATTENDING PHYSICIAN	MEDICAL STAN	F 5	3/80
IMPORTAN		DR. MA	AME (TYPE OR P				6101 PARK H	TS. AVE.		
2	23a. E	BURIAL, CREMATION, SPECIFY) BURIAL		MAY 4	, 1980 A	NAME OF C	EMETERY OR CREMATORY YESHURUN (BNA	JACOB SEC	.) BALTIM	ORE MÄRYI
6 25M	24 FI	JNERAL DIRECTOR	SOL I	EVINSON	I & BROS.	, INC	250 DAT	E REC'D, BY REGISTRAR	25b. RECOORAF'S SIG	Selland.
4) 1/79		6010 REIST	ERSTOW	N RD.	BALTO.,	MD	21215 M	AY 9 1980	1	





BALTO MD

STATE OF MARYLAND



10	1.5	FOR STATE REGISTRAR CEASED NAME FRST		DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. N		1 7	9 3
(F)		OR PRINT)						AD HTMOM	Y YEAR	26 HOUR
oy b	3. SE:	NORMA	IN I	N. F	OTTS 5. DATE O		May 3,	1980	FUNDER I YEAR	6:00P
	3 36	MALE	W		MONTH	DAY YEAR			ONTHS DAYS	HOURS MIN.
Poge dare wours	7s. B!	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	1.	y 30, 1912	6.7 9 BALTIMORE CITY O	P COUNTY	DEDEATH	
death.	C	Md.		USA	WIDOWE		BALTIM	ORE C		M
rs ofter dea by the fune filled within a notified at a	10 C	TOWSON	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS) HOSP	I TAL	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF ACCOUNTAIN	F WORKING LIFE)	INDUSTRY	of Md.
ND 2120 24 hours 24 hours suld be fi	USU.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU			E ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 6107 York			
rland:	14. F.A	THER'S NAME		I MAI CIMOL	е	YES K NO		Noau		
MARYLA hed withir ond 2 sh		Norman N. E	otts, S	r.		FIRST	Mary Compt		LAS	FT
MORE, ond ce Poges I		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	_	17 INFORMANT	ADDRE			
TIM be e on o s. Po		No		212 05 7	019 A	Mrs. Aagot J	. Potts 61	07 Yor		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN The low requires that the death certificate be executed within 24 hours of other this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbonopopers, Pages 1 and 2 should be file th and Mental Hygene prior to burial, cremation, or removal. The angle of them 18 shows any injury, or other traumatic event, the medical examiner must be no order or them 18 shows any injury, or other traumatic event, the medical examiner must be no order.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, O	ACUTE REPUBLIES A CONSEQUE PULMONAF RAS A CONSEQUE EMPHYSEN	SPIR ENCE OF ENCE OF					IMATE INTERVAL ONSET AND DEATH
AL RECORDS;	CERTIFICATION	PART 2 OTHER SIGNIFICANT	19b COND	ITION FOR WHICH	457	N WAS PERFORMED	20a AUTOPSY? YES NO 💢	206. IF YES, IN CERTIFY YES	WERE FINDIP	NGS USED
ON OF VIII	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED	ATH HOUR A.		YEAR 19	21c HOW INJURY OCCURF	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAR	T I OR PART 2)	
DIVISIC NG PH as the b th and I	WE	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F		STREET	CITY OR TOV	vn	COUNTY	STATE
ATTENDI spital or CTOR: A 1 for use of Heal		22a I certify that N) (this hasp saw the deceased alive or above, (X (we) (did) (X d) (Apri 30	28 , 19 80 and that in (m) (our) apinion in	, to May death occurred on the do	ote and hour		that (X (we) las couses stated
TAL CA AT y the hosp RAL DIRECT detoched of tote Dept of		226. SIGNATURE	ghal	~		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		22c. DATE	3/3/80
TO HOSPITAL etonied by thi TO FUNERAL I should be deto with the Store I		M. SHAH, M				7620 York	Road - To	wson,	Md.	21204
BP	23e. E	Burial Burial	236. DATE 5/17/			EMETERY OR CREMATORY Burial Groun	ds Baltim	ore, M	ounty	STATE
J7 8 (VRA 15, 4) 7/78		UNERAL DIRECTOR MANAGE MITCHELL—WIEDEF	FELD HOM	E, INC.	6500		Y 2 1 1980	25b. RECHETR.	AR'S SIGNAT	URE Ready



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 mm be etained by the hospital or attending physician.	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 mm/s be etained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, many	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 my better by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, rage should be detached for use as the burial-transit permit. Then please remove corbanpapers, Pages 1 and 2 should be filed within 72 hours often death.	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 mm be estained by the hospital or ottending physician physician physician and completely filled in by the funeral director, and a should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.
	After this certificate has been signed by the attending physician and completely filled in by the funeral director, mae 1	ther this certificate has been signed by the attending physician and completely filled in by the funeral director, in the Lands as the burial-transit permit. Then please remove carbanpapers, Pages 1 and 2 should be filed within 72 hours after identifi-	ler this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 1 sithe burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after deather and Americal Hygiene prior to burial, cremotion, or removal.

STATE OF MARYLAND

2	1	1	9	4
7				

	1-	FOR STATE REGISTRAR			DEPARTN	ENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE B	REG. NO.	1/	9 4
		CEASED NAME OR PRINT) HE	LEN	,	enson	PR	ICE	20. DATE OF D		S-80	7 PM
	3. SEX	emale	4. R	Mhite		5. DATE O		6. AGE (IN YEAR 71		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
5		RTHPLACE (STATE OR FORE DUNTRY) Maryland	IGN 76. (US.	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED		imore Co		MD.
1	Т	TY OR TOWN OF DEATH	T	(IF NOT IN SUC	Convale	oddress) escen	t Home		CCUPATION OR MOST OF WORKING LIF emaker		OF BUSINESS OR
5	13a. S	Md.	Balto		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Sparks		13d. INSIDE CITY LIMITS? YES NO X		odress 3 York Ro	ad	
	14. FA	THER'S NAME FIRST Elmer	MIDD		Parks		15. MOTHER'S MAIDEN NAME FIRST Elva		Steve	enson	ST .
	(Y	VAS DECEASED EVER IN ES, NOOR UNKNOWN) (1 VO	U.S. ARMED F YES, GIVE WAI		166. SOCIAL SECU 219-78-		Mr. Nichol	as Pri	address ce, 14905	York	Rd.
		Canditions, if any, w gove rise to immed couse (a), stating	MEDIATE C	Y: AUSE (o) DUE TO, OF	R AS A CONSEQUE	NCE OF	2. 4			SETWEEN.	IMATE INTERVAL ONSET AND DEATH
7	CERTIFICATION	PART 2. OTHER SIGNIF					NOT RELATED TO THE TERM	20a. AUTOP	SY? 20b. IF YES	EN IN PART 10 , WERE FINDING CAUSES S	NGS USED
		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH	216. TIME O HOUR A./ P./	M. MONTH DA	Y YEAR	21 c. HOW INJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	C	CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (I) (the saw the deceased above, (I) (see) (died 22b. SIGNATURE	alive an	5/1/8	D 19		, 19.50 ad that in (my) (oya) opinion o	, todeoth occurred	on the date and hou		
0		(1.)	3	711	Cute	1 1	7 ATTENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN	5%	3/80

22e ADDRES

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 236. DATE 5/15/80 231. NAME OF CEMETERY OR CREMATORY Jessops Cemetery

Cockeysville, Md.

DHMH - 16 25M

BP.

(VR A 15 (4)) 9/74

IMPORTANT: If Item 21 is marked or Item, 18 shaws any injury, or other traumatic event, the medical examiner must be aptified of

24 FUNERAL DIRECTOR Martin D. Lawson, 10 W. Padonia Rd. MAY 1

STATE

C. P. France M.R. AMFRAYCE requires that the deoth certificate be

	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG BICATE OF DEATH	IENG ()		7	9 5
		CEASED NAME FIRST	ephin	e C	Pri	ice.	2d. DATE OF DEATH A	26,	1980	26. HOUR 10,00 PK
	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS CAST BIRTH	(DAY) IF U	THS DAYS	IF UNDER 24 HRS
	F	emale	Whi	te	Nov	.27,1896	83	YRS.	THS CAYS	HOURS MIN.
11		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8 AAADD1E	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH	
25		aryland	U.S.	Α.	WIDOWE		Baltimor	e Coun	ity	MD.
20	10. €	ITY OR TOWN OF DEATH	11. NAME OF		NG HOME (OR OTHER INSTITUTION	12g USUAL OCCUPATIO	I NC		F BUSINESS OR
1		Towson	305 E.				Cafeteria	Work	Fo	od
20	USU 13a.	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFOR		138. INSIDE CITY LIMITS	13e, STREET ADDRESS			
25	Ma		imore	Towson		YES NO		oppa R	load	
170	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	WE			- 11
20		George	A	Ewin	g	Clara	WIDDLE	K	nigh	t
1	16a. \	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	16989	Here		
/	_ `	No	OR DATES	217-22	-0406	Edgar Pric	e, Jr. Mon!	kton.	Md.	21111
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OF	R AS A CONSEQUENTED TO TO	inte	elarters	slegn	×0		
2	CERTIFICATION	19a DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI	ERE FINDIN	IGS USED
9	EDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR				NO []
	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
		22a. I certify that (I) (this haspi sow the deceased alive on above, (I) (s.e.) (did) (did) a	Lela 1.	19	-	d that in (my) (our) opinion o	death occurred on the dot	e and hour one	d from the c	
		22d. PHYSICIAM'S NAME, (TYPE G	leof	Hour	Ela	PHYSICIAN	MEDICAL STAFF		22c. DATE S	NONEU
1		JAMSITIA	Ha	MED	9	22e. ADDRESS OK.	E. Fof	PA	Refo	1 110

MPORTANT: If Hem 21 is marked at Item 18 shows any injury, at other traumatic event, the medical examiner must be faitlified of page. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral a should be detached for use as the burial-transit permit. Then please remove carbanaparers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. TO HOSPITAL DHMH - 16 60M 7/73 (VR A 15 (4))

230. BURIAL, CRE/ (SPECIFY)
Burial M FUNERAL DIRECT

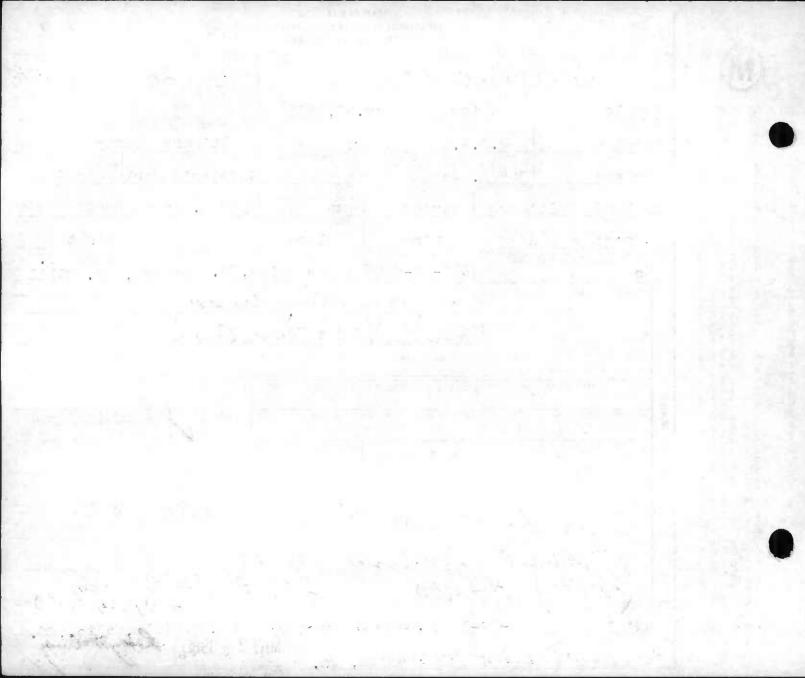
CREMATION, REMOVAL

New Freedom

23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 5-29-1980 Jessops

ADDRESS

ERY OR CREMATORY 23d. LOCATION CITY OR TOWN COCKEYS V



ATTENDING PHYSICIAN: The law requires that the

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	0	1	1	1	9	6
	REG. NO.					

REGISTRAR				CERTII	FICATE OF DEATH	REG.	NO			
I. DECEASED NAME	FIRST		MIDDLE	111	LAST	2. DATE OF DEATH		DAY YE	EAR	26. HOUR
(TYPE OR PRINT)	Doro	thy	G_{\bullet}	Pura	lum		5	6 19	180	
3 SEX		4 RACE		5 DATE		6. AGE (IN YEARS LAST I	RTHDAY)	IF UNDER I		IF UNDER 24 HRS
Female	?	W	hite	MONT 9	30° 1918	61	YRS		OAYS	HOURS MIN
70. BIRTHPLACE (STATE	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D XXNEVER MARRIED	9 BALTIMORE CITY			TH	
MD		USA		WIDOW		Baltimo	re Co	unty		MD
Pikesvil		10 17 K	HOSPITAL, NURSIN INFACILITY, GIVE STREET INGS TON R	G HOME (ADDRESS) Oad	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Cafeteria	TOF WORKING	SUFE) INDUS	STRY E	Balt. Co
USUAL RESIDENCE () 130 STATE MD	13b COL Bali	or other institution in IY L'MOYE	GIVE RESIDENCE BEFORE 131. CITY OR TOWI Pikesvil	N	134 INSIDE CITY LIMITS? YES NO XX	13. STREET ADDRESS	S			
14 FATHER'S NAME FIRST Willia	m	WIDDLE	Geige:	r	15. MOTHER'S MAIDEN NA	C.			ehi	lin
160 WAS DECEASED I (YES, NO OR UNKNOW NO		RMED FORCES? VE WAR OR DATES)	213-10-8		1011 Kingsto	William Ton Rd., Pike	Purdi esvil	um le, MD) 2	21208
PART 2 OTHER	immediate stating the cause last	(b)		NCE OF	na DRe					
RTIFIC			-	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE F ITIFYING CA YES		
00.00	CAUSE OF DE	ATH HOUR A.		Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 1	B, PART 1 OR PAI	RT 2}	
(IF EITHER, NOTIFY) 216. INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21) LOCATION STREET	CITY OR T	OWN	COUNT	Υ	STATE
saw the de aboxe, (1) (v	ceased alive a	2 4	e deceosed from_	ms.	nd that in (my) (aux) apinion	death occurred on the	dote and h	19 <u>8</u>	O, i	that (I) (wa)-lost causes stated
22b. S)G 4 VIR	Luck	us	h-	mi	PHISICIAN	MEDICAL ST DIRECTOR PHYS	AFF	net	S/	17/80
	e J. Ra	chards,			6701h.	Charles	St	B=0	+	21204
230 BURIAL, CREMAT (SPECIFY) BURI	AL	5/9/80) Lat	ke Vi	emetery or crematory ew Memorial P	23d LOCATION CITY OR TOWN Sykesvi	lle Co	arroll		MD STATE
8728 Libe	20201	g Byers , Randai	Funeral I	Direc MD 2	tors, P.A. 250 DA	TE REC'D. BY REGISTRA	R 25h. REG	RAR'S SIC	S. ATI	Credy

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DI RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral d should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 howith the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

Cherry Contraction Learning The many have much 1 gene Consideration 11th Meline 2/1/2 ET & HALL ST BEFRIDE

STATE OF MARYLAND

0	1	1	9	

	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8	O REG. NO.		1 7	9	/
	1. DÉCEASED NAME (TYPE OR PRINT) CAR	ROLL	E.	RA		NSPERGER	2e DATE O		5 26			
	3. SEX Male	4 RAC	CE Thite	E Par	5. DATE O	uary 6, 1917	6 AGE (INY	EARS LAST BIRTHD		FUNDER I YEAR	IF UNDER	24 HRS MIN
7	70. BIRTHPLACE (STATE OR FO COUNTRY) Maryland	DREIGN 76 CIT	U.S.	A.	MARRIEI WIDOWE	NEVER MARRIED DO DIORCED		RECITY OR		JNTY		MD.
1	TOWSON			OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WE CHASH OF CHARLES ST. 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WC Draftsman								SSOR
)	USUAL RESIDENCE (# NURS 130 STATE Maryland	136 COUNTY Baltin		Parkvil	N	13d INSIDE CITY LIMITS?	13e STREET 7831	ADDRESS Westm	orela	nd Ave	nue	
9	14 FATHER'S NAME FIRST Carroll	WIDOLE		Rackensp	erger	15. MOTHER'S MAIDEN NA FIRST Anna	ME	WIDDIE		Kramer	51	
	166 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARMED F (IF YES, GIVE WAR O		166 SOCIAL SECUI 212-03-2		Mrs. Anna K.	Racke	ADDRES:				
	18. CAUSE OF DEAT PART I. DEATH W	H (Enter only one AS CAUSED BY)	(CARDIAC	ARRE	ST - VENT-	FIBRIL	L0		BETWEEN	MATE INTER ONSET AND	DEATH
	gove rise to immo	Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF										
	PART 2 OTHER SIGN	NIFICANT COND				NOT RELATED TO THE TERM						NCE
	19a DATE OF OPERA		96 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	YES [NO 🗆	206. IF YES, IN CERTIFY YES	ING CAUSES	OF DEAT	TH?
		AUSE OF DEATH	1b. TIME OF HOUR A.M P.M	MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY	IN ITEM TB, PAI	RT T OR PART 2]		
	CHEITHER, NOTIFY MEDIC WHILE NOT W AT WORK AT WO	HILE C	THOME, STRE	F INJURY ET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET		CITY OR TOWN		COUNTY	O 6:10A TEAR IF UNDER 24 HR HOURS MINIMA HOURS MINIMA TRY A.I. Venue LAST ESTMORE LA PROXIMATE INTERVA TEN ONSET AND DEAT DAYS YTE MBALANC NO STATE TATE TATE THOSE (I) (We) lo	
	220.1 certify that (1) saw the decease above, (1),(we) (c) 22b. SIGNATURE	(this hospital) at ad alive an 5 (id) (did not) view				, 19, 19, definition that in (my) (our) apinion	death occurre	d on the date	and hour	and from the	couses sto	,

should be detached for use as the burial-transit permit. Then please remove car with the State Dept. of Health and Mental Hygiene prior to burial, cremation, TO FUNERAL DIRECTOR: After BP.

should be filed

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows

LMASH 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b DATE

5-29-1980

23c NAME OF CEMETERY OR CREMATORY Moreland Memorial

22e ADDRESS

ATTENDING PHYSICIAN

GREATER

23d LOCATION CITY OF TOWN Baltimore

BALTIMORE

MEDICAL STAFF
DIRECTOR PHYSICIAN

COUNTY

MEDICAL

STATE Maryland

5-26-80

Burial 24 FUNERAL DIRECTOR NAME

224. PHYSICIAN'S NAME (TYPE OR PRINT)

Ruck Towson Funeral Home

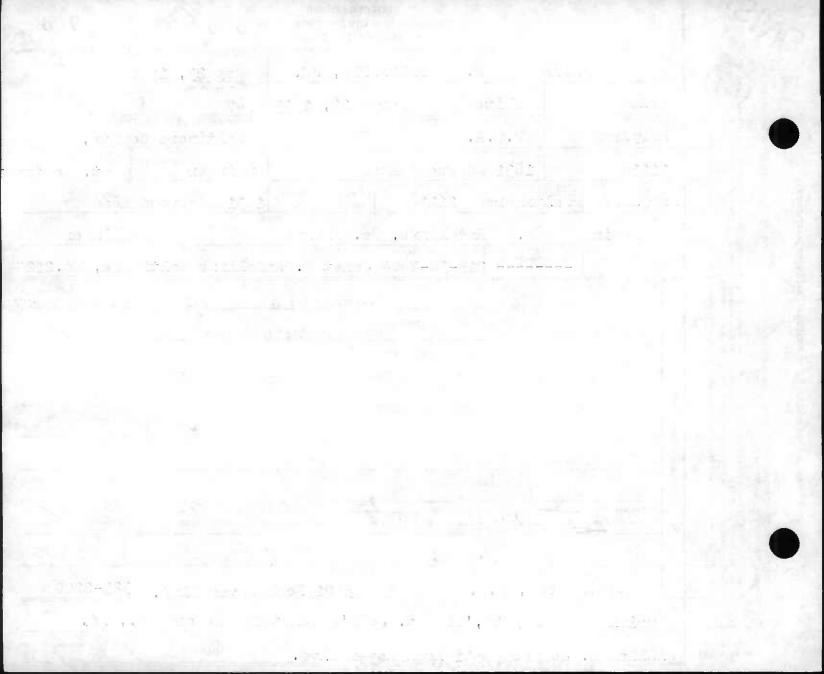
ADDRESS 1050 York Road Towson, Maryland Inc

MI)

MAY 2 7 1980

111=10 41:10 52 1 TOWSELL CHARLES ST. DJIMEG IT-THEY - TELENA GALLERS 27 AND HERMALD MECROPIS WITH SEMENTS ELECTROSES OF AND AND AND ADDRESS OF A SECRETARIAN AND A SECRETARIAN 0 - 2-THE STATE OF THE S

L		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1798
		EASED NAME FIRST EDWII	MIDDLE II In I	ADOTTERE TO	TO DATE OF DEATH	DAY YEAR 26. HOUR
1	SEX		W. I	RADCLIFFE, JR.	May 23, 198	O IF UNDER 1 YEAR IF UNDER 24 HRS
l'		ale	White	March 22, 1933		AONTHS DAYS HOURS MIN.
35	o. BIF	THPLACE (STATE OR FOREIGN UNTRY)	76 CITIZEN OF WHAT COUNTRY		Baltimore C	
50		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IENOT IN SUCH FACILITY, GIVE STREE 1831 Edgewood	NG HOME OR OTHER INSTITUTION TAPPRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE Engineer	12h KIND OF BUSINESS OF
- 41	30 5	residence (# nuising home of 13h Cou ryland Bal	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY 13c. CITY OR TOY TIMORE 212		13. STREET ADDRESS 1831 Edgewood	
30		HER'S NAME Edwin	W. Radeliif		ME MIDDLE BO	ollinger
	Ň	AS DECEASED EVER IN U.S. AF (if yes, go O ————	F INVAR ORD AREC	urity no. 17 informant 2404 Janet D. Ra	ADDRESS adcliffe Baltir	
			nly one cause per line far (a), (b), a ED BY TE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU	JENCE OF LUNG adenoca	remorrhage	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Several Mining Zyears
	NO		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 1(0)
2	CERTIFICATION	To DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
	# I	21e ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART I OR PART 2)
		OR CONTRIBUTING CAUSE OF DE	ALT .	AY YEAR		
	CAL	OR CONTRIBUTING CAUSE OF DE	AIH	19 211 LOCATION	CITY ORTOWN	COUNTY STATE
		OR CONTRIBUTING CAUSE OF DE (# EITHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK 22d. Certify that (1) (this hosp sow the deceased glive or	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19 211 LOCATION STREET 19 8C		COUNTY STATE
	MEDICAL	OR CONTRIBUTING CAUSE OF DE (# EITHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22c. certify that (1) (this hosp saw the deceased alive or obave, (1) (mentalia) (did no 27b. SIGNATURE	P.M. 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, West) ottended the deceased from, (Ay Z), (21) view the body offer death.	FARM, ETC.) 211 LOCATION STREET 19 20 and that in (my) (per) apinian in DEGREE ATTENDING PHYSICIAN	CITY OR TOWN	COUNTY STATE
	MEDICAL	OR CONTRIBUTING CAUSE OF DE (# EITHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this bosp saw the deceased alive ar above, (1) (westering) (did not are above, (1) (westering))	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, MAY 21) 21) view the body after death. 21) 21) PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, MAY 21) 21) VIEW the body after death.	PAR 19 211 LOCATION STREET 19 211 LOCATION STREET 19 211 LOCATION STREET 19 211 LOCATION STREET 19 211 LOCATION STREET 19 211 LOCATION STREET 212 ADDRESS	city on town 10 3/23 1 death accurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE 19
7	WEDICAL	OR CONTRIBUTING CAUSE OF DE (# ETHER, NOTEY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this bosp saw the deceased alive or above, (1) (western) (did no 221b. SIGNATURE	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, Whol) ottended the deceased from, (AT Y Z /) (AT Y	PAR 19 211 LOCATION STREET 19 211 LOCATION STREET 19 211 LOCATION STREET 19 211 LOCATION STREET 19 211 LOCATION STREET 19 211 LOCATION STREET 212 ADDRESS	CITY OR TOWN 2. 10 3/23 death accurred an the date and hour 3 MEDICAL STAFF DIRECTOR PHYSICIAN 1	COUNTY STATE 19 0 , that (I) (yet) to and from the causes stated 22c DATE SIGNED 5/23/96



		REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	NO.		
	1. DEC	CEASED NAME	FIRST	,	MIDDLE	13.	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
	(11172	CAT	HERI	NE :	L. F	RATIO	AN	May 13,	1980)	8:00I
	3 SE	(4 RACE		5 DATE O		6. AGE (IN YEARS LAST B	RTHDAY)	# UNDER I YEAR	
	F	emale		Whit	е	May	2,001921	59	YRS.	MONTHS DAYS	HOURS MIN
1		RTHPLACE ISTATE OR FO	REIGN	76. CITIZEN OF	WHAT COUNTRY?	AAA DDIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
0		ennsylva	nia	U.S.	Α.	WIDOWI		Baltimo	re Co	ounty,	A
20	1	TY OR TOWN OF DEA	TH	11. NAME OF 1 8423	HOSPITAL, NURSIN HFACILITY, GIVE STREET A Water Oa	GHOME (ADDRESS) R	or other institution	120 USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWI	TION of working Le	126. KIND C INDUSTRY HC	OF BUSINESS O
35	13a S	AL RESIDENCE (IF NURSI TATE Tyland	ng HOME OR 136 COUN Bal	other institution. TY timore	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN 2123	ADMISSION	134. INSIDE CITY LIMITS?	13 STREET ADDRESS 8423 Wa	ter (ak Roa	ad
50	14 FA	THER'S NAME George	A		Schwabe		15. MOTHER'S MAIDEN NA PERTI	WIDDLE		LA	ST
1	16a V	VAS DECEASED EVER I ES, NO OR UNKNOWN] NO		WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	Edward J.	Ratigan 8		21234 Vater (ak Rd
Ther trauman		Conditions, if any, gove rise to imm	which ediote	(b)	R AS A CONSEQUE	ers	is cleror	the Car	die		
	NO	cause (a), stating underlying cause PART 2 OTHER SIGN	lost.	((c)	DUE TO, OR AS A CONSEQUENCE OF COS CULTE						(0)
9	CERTIFICATION	19a DATE OF OPERAT	IÓN	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI	
9		216. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEA		M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	, PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗀	21r PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
7 110		22a.1 certify that (1) (this hospital) attended the deceased from 200, 19 to 200, 10 19 to 10									
		226 PHYSICIAN'S NA	Ce	rear	ud	M	DEGREE ATTENDING PHYSICIAN [MEDICAL ST.	AFF ICIAN 🗌	ST. DATE	SIGNED /
					ga, M.D.			Northern	Pkwv.		
	23e. B	URIAL, CREMATION, I PECIFY) Urial		236. DATE	23c. N	AME OF C	emetery or crematory and Mem. Pk.	23d LOCATION CITY OR TOWN Baltim		COUNTY MO	STATE
iM /79	24 FL Wi	ineral director liam E.	Joh				25a. DA	E REC'D. BY REGISTRA	R 75h: REGNE	Frey MO	THRE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Conternas clevalle Cordiain das callen de Hall.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

18	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 1	1 8 0 0	
	1 DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR	
De	ROSA	M.	RAUCH	5	30 80 1;30A	
and and and and and and and and and and	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS	
99e 4	FEMALE	WHITE	10 09 1898	81 YRS.	MONTHS DAYS HOURS MIN	
	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR COUNT	Y OF DEATH	
dead dead	GERMANY	U.S.A.	WIDOWED DI DIVORCED	BALTIMORE COU	NTY MD	
by the fu	OCATONSVILLE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACIETY, GIVE STREE SUMMIT NUR	ING HOME OR OTHER INSTITUTION	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE		
be fill	USUAL RESIDENCE (IF NURSING HOME O					
fille in z	1.000	TIMORE CATONSV		1403 KIRKWOOD	ROAD. 21207	
short short	14 FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME		
comple t and 2	GEORGE	SCHMI	DT MARGARET	*A	KOCHER	
	160 WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SEC		ADDRESS	1001211	
n and ages	NO NO	220-50	-4952 RAYMOND E. R	AUCH 1406 KTRKW	OOD ROAD, 21207	
sicia ers. l val.	18 CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), o		T-FOO ICELIAN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
at the death cer the attending pl emove carbon p remation, or ren other traumatic	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stoting the	TE CAUSE 10) (ANCER O DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE				
en signed by Then please i or to burial, c	PART 2 OTHER SIGNIFICANT Cerebral au		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)	
rate has be to price the permit.	Q (erebral au 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO	
physicial physicial scentific al-transition al-transition in them 1		ATH HOUR A.M. MONTH	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 ORPART 2	
After this the buring the and Me marked o	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.] 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
ECTOR: for use as of Heal	sow the deceased alive an	ital) attended the deceased from, 101 29 19	19 00 on that in (my) (our) opinion	death occurred on the date and ho	19, that (I) (we) last ur and from the couses stated	
AL DIR etached ate Dept.	276. SIGNATURE	E Rome	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	121 DATE SIGNED 1980	
retained by TO FUNER, should be de with the Sta	JAMES E. ROWE		27e ADDRESS		1228	
should with IMPO	230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	234 LOCATION		
BP	BURIAL	06-02-80	LORRAINE PARK	CITY OR TOWN	TIMORE MD.	
DUMU 45 OFF	24 FUNERAL DIRECTOR			E REC'D. BY REGISTRAR 256. REGISTRAR	TRAR'S SIGNATURE	
DHMH-16 25M (VRA 15, 4) 1/79	HUBBARD FUNERAL	HOME, INC. 4107		IN 3 1980	May Mc Credy	

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Prod.	1	1 -	FOR STATE REGISTRAR	DI	PARTMENT OF HI	OF MARYLAND EALTH AND MENTAL CATE OF DEATH	HYGIENE 8	O REG. NO.	8	0 1
y be ge 3 eath			CEASED NAME FIRST	oy L	LA	REDIFER:	Jr 20 DATE OF	DEATH MONTH	12/80	3 3 S
Page 4 may	3	S SEX	m	4 ŘACE W	S. DATE O MONTH		= 3	ARS LAST BIRTHDAY) YR	MONTHS DAYS	IF UNDER 24 HE
death. P	5	h	NUMBER (STATE OR FOREIGN NUMBER)	Th CITIZEN OF WHAT COL	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	1 Ba.	TIMORE	Count	4
by the fued within	1	-4	RAN dallstown	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GR BALTIMORE	County G	rother institution	(TYPE OF WORK	FOR MOST OF WORKIN	G LIFE INDUSTRY	to. Ce
y filled in rould be fill amine mu	3	13a S	RESIDENCE IN NURSING HOME OF TATE 136 COUNTY BAI	TIMOVE BOSS	CE BEFORE ADMISSION	13d. INSIDE CITY LIMIT		ADDRESS	uzele	Ówn
plete d 2 sh	30	4 FA	THER'S NAME ROY L	MDDLE Redific	AST SV.	IS MOTHER'S MAIDEN FIRST Aug	Avet	PHAC	Sprin	ikLe
n and com Pages 1 an	1	6a W	VAS DECEASED ÉVER IN U.S. AR ES, NO ORUNKNOWN] INFYES, GIVE YES W	MED FORCES? 166 SOCIALI	-22-5401	Ruth R	Pedifer	Owing	s mills	CIVEL Md. CHATE INTERVAL ONSET AND DEAT
led by the attending philease remove carbon pairtiel, cremation, or remory, or other traumatic			Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A COI	NSEQUENCE OF	ave	ith m	itas ta	263	
e has been sign ermit. Then pl ene prior to bu shows any inju	9	CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION FOR			200 AUTO	PSY? 20b. IF	YES, WERE FINDS RTIFYING CAUSES	INGS USED
his certificate irial-transit pe Mental Hygien d or Item 18 sh	- 4	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	P.M.	TH DAY YEAR	211 LOCATION				
After the street the street the surfit and Iventual Instruction		MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC	STREET		CITY OR TOWN	COUNTY	STATE
ECTOR: for use a for Use a			22a I certify that (I) (this hospi sow the deceased olive on abave, (I) (we) (did) (did no	2/10	19 80 on		nion death occurre	d on the date and	hour and from the	that (if (we) le couses stated
AL DIR: etached (ste Dept.			226. SIGNATURE	Sni		PEGREE ATTENDIN PHYSICIA		STAFF PHYSICIAN	22c. DATE	SIGNED
O FUNERAL			228. PHYSICIAN'S NAME ITYPE O	AN M-D		Ballim			hapital.	MDZIA
OF SHIP		230 B	URIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CE	METERY OR CREMATO	DRY 23d. LOCA	TION	•	/ (

Church Cem

126. KIND OF BUSINESS OR

Balto. Co.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

that (N (we) lost

IF UNDER 24 HRS

DHMH-16 25M (VRA 15, 4) 1/79

BuriA

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North Control of

230 BURIAL, CREMATION, REMOVAL 236. DATE DHMH-16 25M (VRA 15, 4) 1/79

231 NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 1980

73d LOCATION

2b. HOUR

HOURS

12h KIND OF BUSINESS OR

NO [

19______ that (1) (we) last

22c DATE SIGNED

STATE

YES T

COUNTY

IF UNDER 24 HRS

IF UNDER 1 YEAR

MONTHS DAYS

INDUSTRY

1 3-42 Y - 4242 3/4: 22 / 27.40 AD LUSA BALTER CO. CANDELLS TRUE THE CO SELV HOLD HOLDERS THE OD BHLTO FIMESVILLE WHEA NELSON FOR CHESTEL ALDER EMMA WARRER MET NO. " STORY (MAN DAY) SCHEWERT FOR THE PRINT DALTE CO WILL Euglipe L-3-80 TRUID KITHE CEM WEST THE ME I NEW ALL FIRST HESTERSTON AS A JUNE TRAIN may be

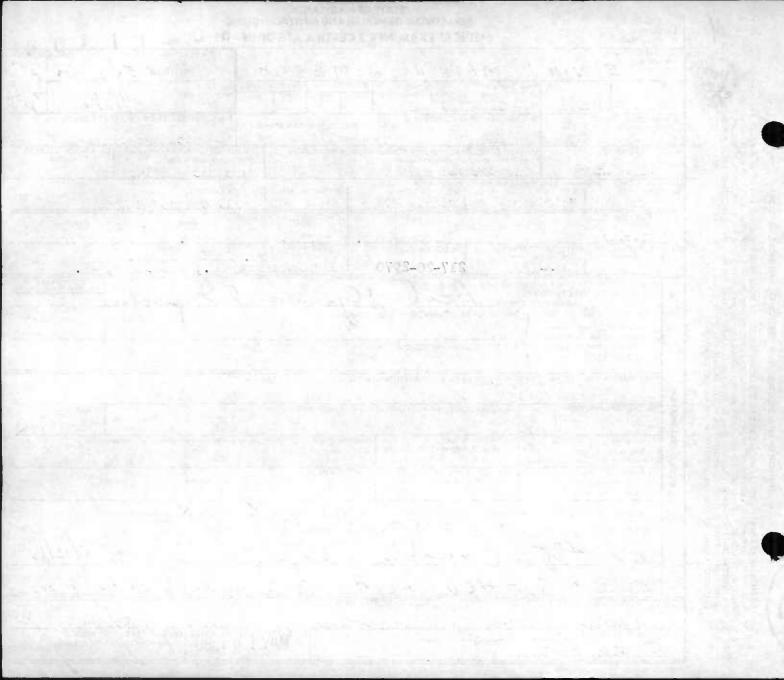
	1 05	STATE REGISTRAR	, FIRST	MIDDLE		FICATE OF DEATH	REG. NO.	DAY YEAR	In House
		CEASED NAME OR PRINT)					Ze. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
			Henry	H		chert	May 17, 1980		
	3. SE	X	4 RA	ACE	5. DATE (OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	# UNDER I YEAR	IF UNDER 24
		Male		White		ember 22, 1892	2 87 YR		
2		RTHPLACE (STATE OR	FOREIGN 76 C	ITIZEN OF WHAT CO	OUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
05		Maryland		U.S.A.	WIDOW		Baltimore Co	ountu	
10		nty or town of de monium		NAME OF HOSPITAL	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN Purchasing Ac	GLIFE) 12b. KIND (of Busines Lsinge
101	USU/	AL RESIDENCE (IF NUI	ISING HOME OR OTHE	R INSTITUTION, GIVE RESIDE	OR TOWN	130. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
25		laryland	Balti	more Time	onium	YES NO W	2406 Burlwood	Rd Rd	
16	14. FA	ATHER'S NAME	MIDDLI	•	IAST	15. MOTHER'S MAIDEN NA	ME	LA	ST
20		?		Reicl	hert		Unknown		
		VAS DECEASED EVE	R IN U.S. ARMED		IAL SECURITY NO.	17 INFORMANT	ADDRESS		
/		NO NO OK UNKNOWN)	IF YES, GIVE WAR		-01-3778	Mr James F	Krieger Jr	Same	
		LA CALISE OF DEA	TM (Enter only on	ne cause per line to la	at the and seed	1 11 1.			MATE INTERV
		PART I. DEATH	WAS CAUSED BY	(/	NOST	THE HEART.	tallure	9	1417
		1-01,0	IMMEDIATE CA	AUSE (a)	11.012.11.	of Hear	1000	0	
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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME AAIDDLE 2g DATE OF DEATH 2h HOUR (TYPE OR PRINT) William H. Rhodes 1980 May 1. 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Male White 61 16 YRS To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Pennsylvania Baltimore County WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) AAI Inc. Towson 1004 Katy Lane Engineer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland loo4 Katy Lane, 21204 Towson NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Rhodes MIDDLE Sarah Edgar Mellor N. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WWII Mrs. Helen Rhodes, same as #13e 215-05-2928 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF INSTANTAMOUS MYOCARDIAL INFARCTION Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF YEMRS underlying couse last. HEART DISEASE ORONARY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK NOT WHILE 220 | certify that (1) (the tospital) attended the deceased from 80 saw the deceased alive on. ond that in (my) (acceptation death accurred on the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22r DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS Donald L. Sommerville 26 W. Pa. Ave. 230. BURIAL, CREMATION, REMOVAL (SPECIFY Burial 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION

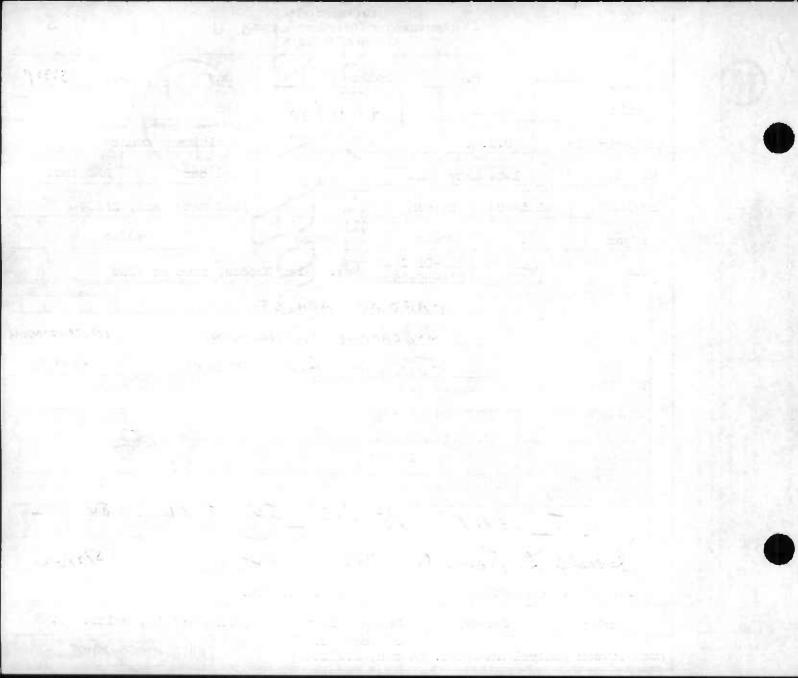
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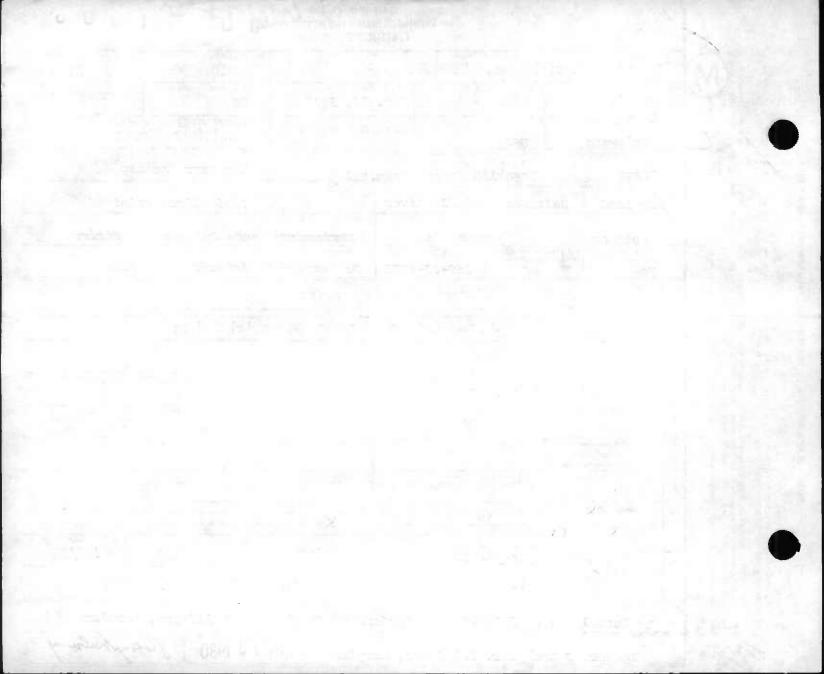
1050 York Rd. 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204

5-5-80

Cockeysville, Balto. Md. STATE 250 DATE PEC'D. BY REGISTRAR 256. POSTRAR'S SIGNATURE



10 6		FOR STATE REGISTRAR				CERTIF	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	REG. N		3 () 6
M	I. DE	ceased Name Ignazia	Luc11		RICHARE		AST	May 12, 19		YEAR	2:40 P M
The section of	3 SE	x Female	1	RACE White		Jan.	DF BIRTH 14, DAY 1912 EAR	6. AGE JIN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
Thought of the state of the sta		IRTHPLACE (STATE OR FOI OUNTRY) Delaware	EIGN 71	CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED	Baltimore city o	R COUNTY O		MD
7	10 C	ITY OR TOWN OF DEAT	н 1	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A IN Square	(DDRESS)	or other institution	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			OF BUSINESS OR
uld being		AL RESIDENCE (# NURS# STATE Maryland		THER INSTITUTION	GNE RESIDENCE BEFORE 134 CITY OR TOWN Middle R	ADMISSION)	134. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 1505 Wil	son Poi	nt Rd	
d completely 1 and 2 sho	14. F.	ATHER'S NAME FIRST Gaetanna	MI	DOLE	Cast Case	2	15 MOTHER'S MAIDEN NAME ***********************************			xistori.	
Pages 1 at the me		WAS DECEASED EVER II YES, NO OR UNKNOWN) NO		ED FORCES? VAR OR DATES)	159-01-		17 INFORMANT Mr Bernard	ADDRE W Richards		Same	
n signed by the attending ten please remove carbon to burial, cremation, or y injury, or other traum	NO	Conditions, if ony, gove rise to immicouse (a), stating underlying couse	the lost	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	ndary to myoc			IN PART 10	0 3
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hospital or a DIRECTOR: ned for use a lept. of Heal		220 I certify that W (saw the deceased above, will we ide 27h SIGNATURE	alive on_	May 1	.2 19		12 19 8U Id that in (m) (our) opinion DEGREE		, IY	nd from the	SIGNED
TO FUNERAL should be detact with the State IMPORTANT:		224. PHYSICIAN'S MAA	ipe Ru	Med Ibio	10		ATTENDING PHYSICIAN 22R ADDRESS 9000 Fran	□ MEDICAL STAI □ DIRECTOR □ PHYSIC klin Square	IAN 🖺		12/80
BP	23e (BURIAL, CREMATION, R SPECEY) Burial	EMOVAL	23b. DATE 5/15			emetery or crematory ens Of Faith		nore, M	-	
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR NAME Leonard	J %u	ck Inc.	ADDRESS Baltimor	ce, Ma	aryland MA	TE REC'D. BY REGISTRAR Y 1 3 1980	25h. RECOTRA	R'S SIGNAT	Creody



FOR STATE

STATE OF MARYLAND

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	REGISTRAR							REC	. 140.				
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PIFUNERAL DIRECTOR Loring Byers Funewal Directors, P.A. 8728 Liberty Rd., Randallstown, MD 21133

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

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shows any injury, or other traumatic event,

					STATI	OF MARYLAND				
1.	FOR STATE REGISTRAR			DEPARTA	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.	8 0	8
	CEASED NAME	FIRST	N	NODLE		AST	26. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
		PHILIP		Α.	R	OBBINS		05	29 80	PM
3. SE	X	4.	RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	MALE		WHIT	?E	10	23 26	53	YRS.	MONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARDIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
	ASSACHUETTE	ES	U.S.A.		WIDOWE		BALTI	MORE	COUNTY	MD
	ATONSVILLE	ATH 11	IF NOT IN SUCI	OSPITAL, NURSIN HEACILITY, GIVE STREET . B7 MERRIL	ADDRESS)	D D	12R USUAL OCCUPAT (TYPE OF WORK FOR MOST OF ELECTRONTO	F WORKING L	IFE) INDUSTRY	OF BUSINESS OR
USU	AL RESIDENCE (IF NURS		HER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)			14011	WE CE	Literioud
	ARYLAND	BAT.T	IMORE	CATONSV		13d. INSIDE CITY LIMITS?	37 MERRI	LL RO	AD. 212	28
_	ATHER'S NAME	Dillo	Litorca	CLIZOLIDY	111111	15. MOTHER'S MAIDEN NA			,	
	ARTHUR	AID	H.	ROBBII	NS	MARGUERIT	E MIDDLE		HUN	č
	WAS DECEASED EVER	IN U.S. ARME		146 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS		
<u> </u>	YES	WWII		019-16-3	3796	ELIZABETH ROE	BBINS 37 M	ERRIL	L ROAD	
	Conditions, if any,	AS CAUSED I	CAUSE (a)	Ine for (0), (b), and	fre	ont lung	e with	213	APPROX BETWEEN	(MATE INTERVAL ONSET AND DEATH
	cause (a), statin underlying cause	lost.	(c)	AS A CONSEQUE						
NO	PART 2 OTHER SIGN	NIFICANT CO	nditions <u>cc</u>	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GI	IVEN IN PART 1	01
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI IFYING CAUSES (ES	
	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18,	, PART I OR PART 2)	
MEDICAL	WHILE NOT WE AT WORK	RED MILE D	21s PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	sow the decease	ed alive on		19		, 19, 19	tadeath occurred on the d			that (I) (we) last couses stated
	226. SIGNATURE	tou	lex			DEGREE ATTENDING PHYSICIAN	MEDICAL STA		/	30/80

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 236. DATE

ZIAN'S NAME (TYPE OF PRINT)

23c. NAME OF CEMETERY OR CREMATORY DULAMEY VALLEY

22R ADDRESS

23d. LOCATION CITY OF TOWN

COUNTY

STATE

ADDRESS

21229

RUXTON TOWERS

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is

TO FUNERAL OIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove car with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

24 FUNERAL DIRECTOR

4107 WILKENS AVE. HUBBARD FUNERAL HOME, INC.

6/3/80

In the series

from the first the state of the state of

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY THEASE EXECUTE THE CERTIFICATE, WRITING THE WORD. "PENDING" IN PENCIL IN ITEM 18 GIVE PAGES 1, 2, AND 3 TO LIFE THAT ID INFECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 ND 2 SHOULD BE ILED. MAIN A 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEINE, DIVISION OF WITH RECORDS. THE MENTAL PRECEDES THE MARKALD STREET, BATTIMORE, MARKALD PRICED.
DIVISION OF VIT	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALTO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIALTRANSIT PATER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYBRIAL PROMETH, CREMATION, OR REMOVAL.

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DHMH - 17 (VR A15 ME (5)) 30M 7/73

1								ARYLAN								
5	1 - 3	OR STATE REGISTRAR			DEPARTMENT DICAL EX					HYGIEN OF DEA	E) TH	REC	5. NO.	8 (9	
1		EASED NAMI	FIRST		WIDDIE			LAST			2a. DATE	KNOWI	N XX MO	ONTH DAY	YEAR	2b. HOUR
İ		OR PRINT)	Dona		Lee			Roge			OF DEATH	ESTI- MATED	0 5	5 5	19 80	м
1	3. SEX		4. RACE	S. DATE OF BIRTH		AGE (IN YEAR!		DER 1 YR.	IF UNDER		20 DAT	E NCED	MÓI	NTH DAY		2d HOUR
	ma	ale	white	2 6	1939	4]. YRS		0413	, nooks	Milk.	DEA		5	5 5	19 80	10:15P
		RTHPLACE (ST	ATE OR	76. CITIZEN OF WH	IAT COUNTRY	? 8	MARRI	ED X NE	VFR MARR	IED 🗆	9 BALTI	MORE CI	TY OR CO	DUNTY OF	DEATH	
3		irgin	ia	U.S	. A.		WIDOW		DIVORC	-	В	alti	more	Coun	ty	MD.
		Y OR TOWN		11. NAME OF HOS	PITAL, NURSIN	G HOME,	OR OTH	ER INSTITU	TION	12a. USU	JAL OCCI	JPATION	(TYPE OF W	ORK 12b. K	IND OF BU	SINESS
5			Point	Bethleher		-		ry			lect				th.	Steel
	USUA 130. ST		(IF IN NUISING HOMEO	ROTHER INSTITUTION, GIV TY	13c. CITY OR			134 INSIDE C	TY LIMITS?	13e. STRE	EET ADDR	ESS				
5	Pe	nnsyl	vania		Fawn	Grov	ve	YES 🗌	NO 🗌	Rt	-	Box	77D			
	14. FA	THER'S NAME		MIDDLE	LAST			15. MOTH	R'S MAID	EN NAME		MIDDLE			LAST	
1		Kelly			Roge	ers		M=	ude					Sw	itze	r
,	160 W		EVER IN U.S. ARA	AED FORCES?	16b. SOCIAL		NO.	17. INFOR				ADDI	RESSR+	. 1 .	Box7	7D
	No		WN) (IF YES, GIVE V	VAR OR DATES)	219-	34-80	0.36	Debo	rah	T., F	Roge					A17321
	110		F DEATH (Enter onl	y one cause per line			000	ВСВС	73.011	<u> </u>	toge	1.0 1	. awii		APPROXIMATE	INTERVAL
		PARTIDE	ATH WAS CAUSED	BY: M	ultiple		rie	5						88	TWEEN ONSET	AND DEATH
4		974	9 IMMEDIAT	E CAUSE (o)	AS A CONSEC	DUENCE OF										
1	7	Condition	is, if ony, which	DOE TO, OK	AU A CONSEQ	ZOEITCE OI										
-		gave ris	e to immediate stating the under-	(b)	15 1 5001556											
-1		lying cou		DUE TO, OR	AS A CONSEC	SUENCE OF										
				(c)												
	z	PART 2 OTHER SE	GNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH E	JUT NOT RELATED T	TO THE TERMIN	AL OISEASE	OR CONGITIO	N GIVEN IN PA	ART I (a).						
-	CERTIFICATION	19a, DATE OF	OPERATION	TIBL CONDIT	ION FOR WHI	CH ODED A	TION W	AS DEDECT	AA ED 2					Inn	AUTOPSY?	
	2	IN. DAIL OF	OFERANON	178. CONDI	IOITTOK WITH	CHOPERA	11014 44	AS PERI OR	WED:					20.		
Ц	RTI	21- EVTERNIA	L CAUSE WAS	115 TIME OF	INCOME		Tax 114								YES XX	NO 🗌
3		UNDERLYING	projects.	HOUR XX	MONTH DA	Y YEAR		OW INJURY		'						
	MEDICAL	CONTRIBUTI	NG CAUSE OF D					bject	Tell	iron	n ove	rhea	a cr	ane		
П	AED	21d. INJURY C			OF INJURY (A	IT HOME,		CATION			CITY OR TO	OWN		COUNT	alto.	County
	~	AT WORK	NOT WHILE	fact			160	Inch	4i11,	Beth1	eham	Stee	1,Spa	arrow	sPt,	MD
1		22g Loertii	v that I taak chara	e of the remoins desc	cribed above 1	held on	Autons	y XX	Inspectio	,, []	Inquiry	. П	and in n	ny opinion		
		deoth results			Accident X	7		Homic			ermined n			ny opinion		
3		geom resont	///		Acquein L2	30161	ide L_i	TITLE (S		Ondere	ermined n	ionner L				
		ACTUAL	11	2000	no					tMED			D	ATE	5/6/8	0
		SIGNATURE.						D. 2100.					-	OITED		
21		EXAMINER'S (TYPE OR PRIN		mez R. Gu	ard, M.	.D.		ADDRESS_	111	Penr	Str	eet,	Balte	o,MD	21201	
		-	TION, REMOVAL 2	th DATE	123c NAM	NE OF CEME			DPY .	[23d LC	CATION					
	(5)	Bur		5/9/80		red F				СПУ	OR TOWN	11- т	2-1-	COUNTY		ATE
1	24. FL			Ruck, In	Dac.	red r	16.0			REC'D. BY				imor R'SSIGNA		
	7	NAME O O O TAT	igo Arror	AUCK, ADDRESS	d = 11-	MD	27.5		MAY		980	1	ifay,	MeCa		
	/	344 W.	rse Avei	nue, Dun	ualk,	CITAI	212	22	*******	~ ~ !	000					

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Substitution of the Constitution of the Consti

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page many be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral preference as a should be detached for use as the burial-transit permit. Then please remove earthon papers. Pages 1 and 2 should be filed within 72 yourselves with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove.	
UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral precipes at the detected for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 munths at the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be ed by the hospital or attending physician.
	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral principle 8 3 do deteched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 flour life ath the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

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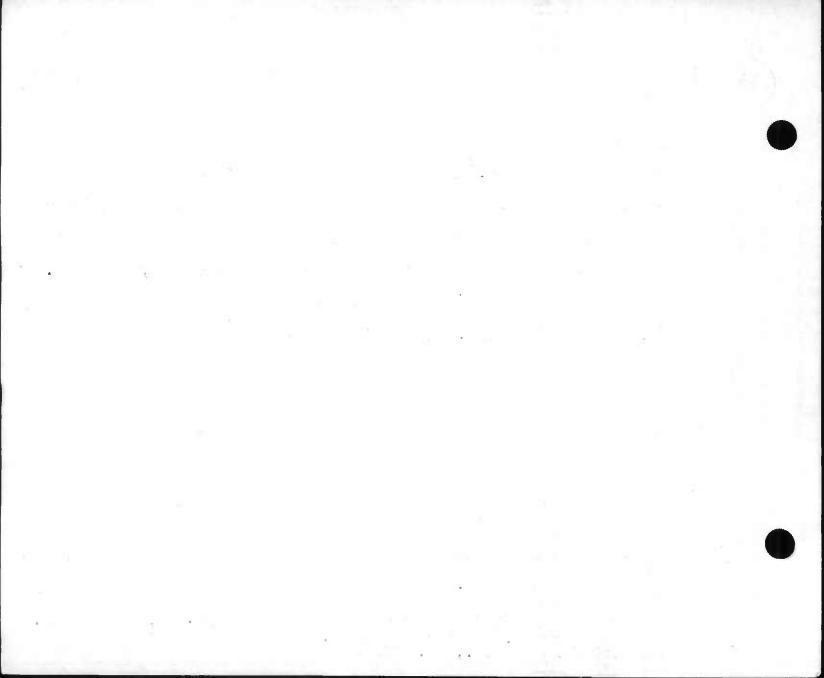
FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENS O REG.	NO.	8	0	
I DECEASED NAME	FIRST	MIDDLE	ſ	AST	2e DATE OF DEATH		DAY YEAR	2b. HOU	JR
E	ertha J	enny	Rose	nzweig		5 2:	1 1980		м
3. SEX	4 RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST I		IF UNDER I YEAR		
Female	Whi	te	MONTH	2 1902	77	YRS.	MONTHS DAYS	HOURS	MIN
Ja. BIRTHPLACE (STATE OR FOR	IGN 76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
COUNTRY) PA	USA	23	WIDOWE		Baltimor	e Coun	ty		MD
10 CITY OR TOWN OF DEAT Randallstown	Randall	HOSPITAL, NURSING	HOME C	cent Center	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Homemake		12b. KIND (INDUSTRY	OF BUSIN	
MD	g home or other institution 36 COUNTY Baltimore	130. CITY OR TOWN Baltimore	1	13d. INSIDE CITY LIMITS?			ow Cour	rt	
14 FATHER'S NAME FIRST Isaac	WIDDLE	siff		15 MOTHER'S MAIDEN NA/ FIRST Ida	WE		Blo	ck	
(YES, NO OR UNKNOWN)	U.S. ARMED FORCES? # yes, give war or dates)	166 SOCIAL SECUR 197-18-76		17 INFORMANT Mr. 8412 Maymead	Norman Ros ow Ct., Ba	ress enzweig Itimore	g, MD 2	1207	
	which diate the lost.	OR AS A CONSEQUE	my the	tene Hear wite Me	Naldisease or co	INDITION GIV	EN IN PART 1	(a)	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDE	DN 196 COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI	S OF DEA	TH?
210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE	USE OF DEATH HOUR A	DF INJURY .M. MONTH DA'	Y YEAR	21c HOW INJURY OCCURR	YES NO		S OR PART 2)	NO [
21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.)	21f LOCATION STREET	CITY OR I	OWN	COUNTY	s	TATE
22a certify That (I) (1 saw The deceased	his hospital) attended the olive on	19		, 19					
DR HOW	ROT.	ARber)	PHYSICIAN [220 ADDRESS 5310 0	eld Con	urt .	Rd	Rai	sel de
230. BURIAL, CREMATION, RI (SPECIFY) Burial	MOVAL 11 DATE 5/23/			emetery or crematory ation B'Nai Al	236 LOCATION CITY OF TOWN	ton 1	COUNTY Hammo +		TATE

DHMH-16 25M (VRA 15, 4) 1/79

14 FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A. 250 DATE RECD. BY REGISTRAR 250. STONATURE 8728 Liberty Rd Randollatory MD 91177 8728 Liberty Rd. Randallstown, 21133

may for a property of

	ı			STATE OF MARYLAND			
	1 -	FOR STATE REGISTRAR		RETAILED OF HEALTH AND MENTA CERTIFICATE OF DEATH		8	
· §		CEASED NAME FIRST ORPRINT) MAK	34 B	RUPE	20. DATE OF DEATH	MONTH DAY YEAR 5-16-80	5AM _M
15.0	3 SE	FEM.	Cau.	5. DATE OF BIRTH MONTH DAY YEA	3 76	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
in 72 hou	70. BI	RTHPLACE (STATE OR FOREIGN DUNTRY) LTOCAL Penn	76 CITIZEN OF WHAT COUNTR USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	34.	or County	MD.
d in by the funeral be filed within 72 is be notified at one	7	ELUSON Md.	STELLA A	PARIS HOSPI	(TYPE OF WORK FOR MOST C	OF WORKING LIFE) INDUSTRY	F BUSINESS OR
olo E	USU. 13a S	STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEI NTY 13c. CITY OR TO 4TO TOWNS	OWN 13d. INSIDE CITY LIMI	115? 130. STREET ADDRESS PULANE	VALLEY,	Pa: Tows
1 and 2 sho	14. FA	Edw ARd	MIDDLE KEY	ES 15. MOTHER'S MAIDE	RY MIDDLE	Jh h	RP
medicol		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? 166 SOCIAL SE (E WAR OR DATES) 166 - 16	curity NO. 17 INFORMANT	ns Funeral l	- Charmen	Pa.
event, the		PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b), ED BY. TE CAUSE 10	te M.I.		BETWEEN C	MATE INTERVAL ONSET AND DEATH
use remove carbo , crematian, ar ri ather traumatic	7	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF THE DUE TO, OR AS A CONSECTION OF AS A CONSECTION OF THE DUE TO THE DUE TO THE DUE TO THE DUE TO THE DUE TO THE DUE TO THE DUE TO THE DUE TO THE DUE TO THE DUE TO THE DUE TO THE DUE TO THE D	eral prievi	monia		
r to burial, a	z		((c)CONDITIONS CONTRIBUTING T	<u>O DEATH</u> BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 10	01
ong on	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES	
Mental Hygiene prio		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJU		
_ 0	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION	CITY OR TO	wn county	STATE
of Health and 21 is marked		22a.) certify that (I) (this hasp	otal) attended the deceased from	Ch a	78 to 5 = pinion death accurred on the d		that (I) (we) last
te Dept		226. SIGNATURE	AKUDA	DEGREE ATTENDI PHYSICI			SIGNED 16/80
MPORTAN		224. PHYSICIAN'S NAME (TYPE		22e ADDRESS	5- 1/- at a	Poed Md.	21093
4 4 4	23a (BURIAL, CREMATION, REMOVAL SPECIFY) ROMOVAL	236. DATE 25 5/19/80	NAME OF CEMETERY OR CREMAT	CITTORTOWN	ona.	Pa.
I-16 20M 5, 4) 7/78	24 F	NAME YORK ROAD	ry W. Jenkins	& Sons Co. 15	MAY 1 6 1980		rooly
						-	-



FOR

- STATE

	III DE		FIRST		MIDDLE		AST	2a DATE OF DEATH		AY YEAR	2b. HOL
		CEASED NAME OR PRINT)	Doroth	у	Mae	Ru	issell	May 6, 19			
	3 SE:			4 RACE		S. DATE C		& AGE (IN YEARS LAST BIRTH		FUNDER 1 YEAR	IF UNDER
/		Female		Whit	te	Octob	er 3,1925	54	YRS.		
25	C	RTHPLACE (STATE OR DUNTRY)	FOREIGN	16 CITIZEN OF		TRY?	D XXIEVER MARRIED	BALTIMORE CITY OF	COUNTY	OF DEATH	
15		Maryland		U.S.A		WIDOWE	D DIVORCED	Baltimo			
A 3	10 C1	TY OR TOWN OF DE	ATH		HOSPITAL, NU ICH FACILITY, GIVE !		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		12b. KIND C INDUSTRY	F BUSIN
00		ansdowne			Gorham (Homemaker			
2	13a. S	AL RESIDENCE (IF NUI TATE	136 COUN	ITY	13c. CITY OR		134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
		aryland	Balt	imore	Lansd	owne	YES NO KIK	3208 Gorha	am Ct.	2122	7
2	14 F.A	THER'S NAME FIRST		MIDDLE	LAST		IS. MOTHER'S MAIDEN NAM	MIDDLE		LAS	
E		Thomas			Nu		Carrie			Demme	r
1		AS DECEASED EVEL		MED FORCES? WAR OR DATES)		2-1522	17 INFORMANT	ADDRES			2122
		no			219-1	2-1522	Mr. Roy L. R	ussell,3208	Gorna		
event		18 CAUSE OF DEA	TH (Enter on	ly one couse pe	er fine for (o), (b	bi, and ici	. 9	11 1	17.11	BETWEEN	MATE INTE
traum		1601		DUE TO, C	DR AS A CONS	EQUENCE OF	-				
ranm		1601		DUE TO, C	OR AS A CONS	SEQUENCE OF	4				
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otner			nmediate	(b)_	OR AS A CONS			0			
Jury, or other traumatic		gave rise to in couse (a), state underlying cous	nmediate ing the se last.	(b)	DR AS A CONS	SEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OF COND	DITION GIVE	EN IN PART 1	
or other	NO	gave rise to in couse (a), state underlying cous	nmediate ing the se last.	(b)	DR AS A CONS	SEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVE	N IN PART 1	.
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is snows any injury, or other	CERTIFICATION	gove rise to im couse (o), stoti underlying cous PART 2 OTHER SIG 19a DATE OF OPER/	mediate ing the se lost. GNIFICANT C	DUE TO, CO CONDITIONS	OR AS A CONS	SEQUENCE OF		200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	, WERE FINDING CAUSES	NGS USE OF DEA
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MONTH 2h. HOUR 80 IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS R COUNTY OF DEATH re County 12b. KIND OF BUSINESS OR F WORKING LIFE) INDUSTRY 21227 Demmer Gorham Ct., 21227 DITION GIVEN IN PART 1(0) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO | RY IN ITEM 18, PART 1 OR PART 2)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

U.		CEASED NAME FIRST	MIDDLE	A LAST		20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
y be		EORPRINTI MILAURE	a M.	Safran	ek	may	9 1980 745
E SIMILE	1 SI	X 1	4. RACE	5. DA OF BIRTH		& AGE (IN YEARS LAST BIR	
de de de de de de de de de de de de de d	¥	+	Cauc.	MONTH O	YEAR 1	78	MONTHS DAYS HOURS ME
å ji		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 1		9 BALTIMORE CITY	OR COUNTY OF DEATH
272 833		ALTIMORE	D.S.A	MARRIED W NE	DIVORCED [RAITA	COUNTY
p +4 p	-	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER		120 USUAL OCCUPAT	
4 報	1-	BALTIMORE	ST. JOSE			(TYPE OF WORK FOR MOST O	
hours in be fi	USL	AL RESIDENCE IN NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)		Housewi	FE
filled fulled ould it	4.75	ARY LAND 100 COUN	BALT		DE CITY LIMITS?	30 3 9	Many ST ST
ithin 2 sho		ATHER'S NAME			HER'S MAIDEN NA		MONUMENT S
and Smoot	1	FIRST	PEANNI	LUCHEN	FIRST	MIKNION	LAST
5 0		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE		RMANT	ADDR	
Poges medico		YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 213-26	-6825 HEI	EN Pa	RSONS 21	7 ORVILLE Rd.
te bi	-		y one couse per line for (o), (b),		-C/V 111	C30103 al	APPROXIMATE BILERVAL METWEEN ONSET AND DEA
phys phys pop pow ent,		PART I. DEATH WAS CAUSE	D BY		1 - 608	ake-	BETWEEN ONSITIONE DEA
rbor rbor		IMMEDIAT	CAUSE (U)	myscarlle	y and	acres .	1204
death control of the		Condition of the same	DUE TO, OR AS A CONSEC	1/0	0.16	21	72.4
mov notic		Conditions, if ony, which gove rise to immediate	(b) (d)	11 can	ue i	12/	1390.
by the ose rem		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC	DUENCE OF			
s the		BART 2 OTHER CICALIFICANT	(c)				
sign hen to bu	Z	PART 2 OTHER SIGNIFICANT C	moll of	DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110
nit T	¥	190 DATE OF OPERATION	196 CONDITION FOR WHIC	THOPPRATION WAS PE	FREORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS USED
hos l	CERTIFICATION			7			IN CERTIFYING CAUSES OF DEATH?
N: Thysicio	ER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HO	W INJURY OCCUR	YES NO	YES NO RY IN ITEM 18, PART 1 OR PART 2)
		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR			
YSICIA ding p s certif ourol-i Mento	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M 21e PLACE OF INJURY	19 211 LOC	ATION		
DING PHY or offend After this e os the booth ond M morked or	A	WHILE O NOT WHILE O	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) ST	TREET	CITY OR TO	NN COUNTY STATE
or off or off After se os th ofth or		22a certify that bush haspit	all amounted the Course to		7	5-9	10 60 10 (10)
Ten of or or or or or or or or or or or or or		saw the developed place in	// 19		(my) (our) opinion	death accurred on the d	ote and hour and from the causes stated
DE CT		22b. SIGNAPLERE	view the book after death.				
F He Dep		//	1	DEGREE	ATTENDING	MEDICAL STA	FE 271. DATE SIGNED
PITAL by t ERAL e der	1	224 DUNGSCIANIS NAME	of years		PHYSICIAN [IAN 3/10/80
HOSPIT FUNER wild be on the Ste		274. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADI	DRESS	1 +	0:
ro HOSPIT etoined by TO FUNER should be with the Ste	1111		30 EN 1		37 18	son t.	0
Fr	23a.	BURIAL, CREMATION, REMOVAL	1 - 1 1	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
BP	$\overline{}$	BURIAL	5/12/80	HOLLY F	114	BALTO.	MD.
DHMH-16 20M	24_F	UNERAL DIRECTOR	ADDRESS	11	25e DATI	REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE
(VRA 15, 4) 7/78	L	ARTLEY MI	LER 7527	HARFORD	RJ. MAY	1 3 1980	and the same

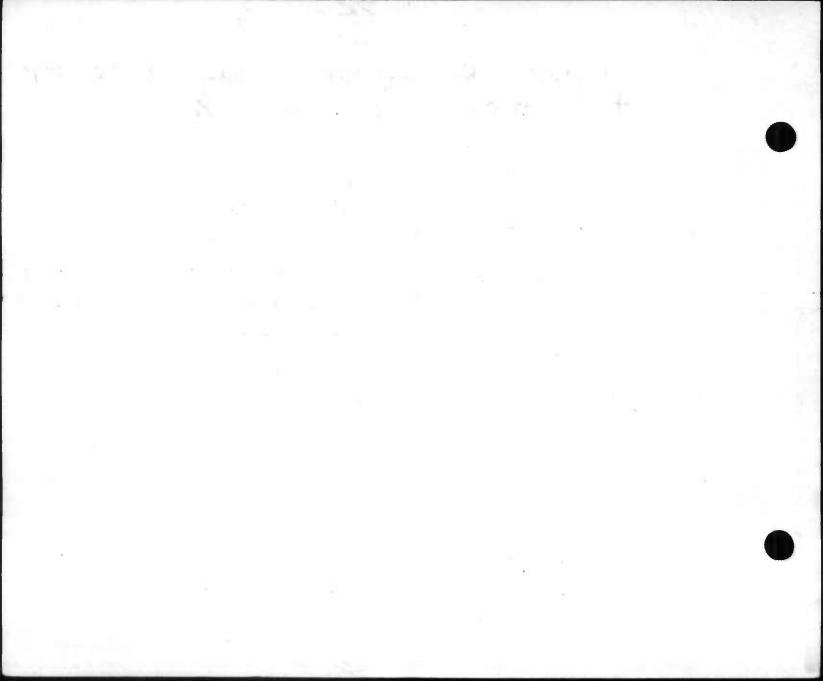
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

3

8

REG. NO.



28-4)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	6
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, partial should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours after a many with the State Deat of Health and Mental Havierne after the hurrial cremation or removal.	
MPORTANT: If Item 21 is marked at Item 18 shows any injury, or other traumatic event, the medical examiner must be positived at once	

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

3	0	i	1	8	4
	RE	G. NO.			

	REGISTRAR				CERTIFI	CAIL OI DEATH	REG.	NO.				
	ASED NAME	FIRST		WIDDIE	LA	ST	20. DATE OF DEATH	DAY YEAR	26 HOUR	2		
(TYPE OF	K PKINT)	Willian	n	J	Sanf	t	May	26	1980	2:30		
3. SEX			4. RACE		5. DATE OF		6 AGE (IN YEARS LAST E	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 2	24 HR	
	Male		Cauc	n	MONTH	24 1800	80	YRS	MONTHS DAYS	HOURS	MIN	
a. BIRT	HPLACE (STATE	OR FOREIGN	-	WHAT COUNTRY?	8	6 1 <u></u>	9 BALTIMORE CITY		Y OF DEATH	-	_	
COU	Md.		U.S.A		WIDOWED	NEVER MARRIED DIVORCED	Baltimo	re cou	nty			
10. CITY	OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME OF	ROTHER INSTITUTION	120 USUAL OCCUPA	ATION	12b. KIND C	OF BUSINES	_	
Tow	s on			CHEACILITY, GIVE STREET OSEPH HOST			(TYPE OF WORK FOR MOS	FOF WORKING L	IFE) INDUSTRY			
	RESIDENCE UF		R OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE	E ADMISSION)						_	
	VId .	134 COU	NIY	Baltime		13d. INSIDE CITY LIMITS? YES ♥ NO □	13e. STREET ADDRESS		n Ave.			
	HER'S NAME					15 MOTHER'S MAIDEN NA		GHACH				
	FIRST	Unk	MODIE	LAST		FIRST	UIV Kno	CTATO	IAS	≨T.		
16a WA	AS DECEASED E	VER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT		RESS				
(YES	Yes	2 2	E WAR OR DATES)	216-44	6668	Marie San	e+ 2622 I	Brenda	an Ave.			
T ₁				r line for (a), (b), an	0000	marie San	1 6066 1	ar enua	APPROX	IMATE INTERV	/AL	
	PART I. DEAT	HWASCALISH	D RY.			a 1a			BETWEEN	ONSET AND D)EA	
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	Conditions, if		(b)_ <u>T</u>	Vith intra	adual	extramedulla:	ry metastai	ric tw	mor		_	
-	cause (a), s	tating the	DUE TO, C	OR AS A CONSEQUE	ENCE OF							
	underlying ci	ause last	(c)							_		
	PART 2 OTHER	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO [DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 10	a)		
CERTIFICATION												
A IS	a. DATE OF OP	ERATION	19b. CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?			, WERE FINDINGS USED YING CAUSES OF DEATHS		
₽L							YES NO	res 🗌	NO 🗌			
3 2	10. ACCIDENT WA		21b. TIME O	DF INJURY M. MONTH DA	AV YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 1B,	PART 1 OR PART 2)			
SAL	OR CONTRIBUTING (IF EITHER, NOTIFY A		A1111	.M.	19							
MEDICAL	ld. INJURY OCC			OF INJURY	ARAL STG 1	211 LOCATION	CITY OR T	OWN	COUNTY	STAT	75.	
	WHILE TWORK	T WORK	(AT HOME, 3	TREET, FACTORT, OFFICE, F	ARM, ETC.)	J. 174	CITI OK I	D1111	0001411	318	I E	
2	2a. I certify tho	X(1) (this hasp	ital) attended t	he deceased from_	May 4	, 19_80	to May 26)	1980	that (*)(we	e) l	
	saw the dec	eased alive ar	May		30, one	that in 🎠y) (our) apinion	death accurred an the	date and ho	ur and fram the	causes stat	red	
2	26. SIGNATURE	22.72	view the bod	gifer death.	D	EGREE			22c. DATE	SIGNED	_	
	401	111	C 1/2	hin.	MA	ATTENDING		AFF X	May	26, 19	9	
2	2d. PHYSICIAN"	S NAME TYPE O	OR PRINT)	cour /	11.0.	PHYSICIAN 22e, ADDRESS	DIRECTOR PHYS	SICIAN [Tray 2	.0, 1.	_	
	DI	MY	014	HIM,	4.7	THE PRESS						
	1 -	/-/	<u></u>	///////////////////////////////////////	10	7620 York Re	l. Towson	Md.	21204			
23a. BUI (SPE	RIAL, CREMATIC	_				METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE		E		
	Buri	al	5/29	/80 Ho	olv R	edeemer Cen	. Raltim	ore		Md.		
24. FUN	NAME			ADDRESS	211	3 MARY	REC'S BYSEUTRA	R 256 REGIS	TRARIS SIGNAT	URE		
B.	Dabrow	ski &	Son 2	818 E. I	Balti	more St.						

DHMH - 16 50M 1/76 (VR A 15 (4))

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(VRA 15, 4) 1/79

FOR

		REGISTRAR		CERTIFICATE OF DEATH	REG. N	0	
1 0	DEC	EASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
			ARD LONZO	SAPP	May 23, 19	80	7:55a
3	SEX		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER	R I YEAR IF UNDER 24 HR
		M	W	MONTH DAY YEAR	63	YRS.	DAYS HOURS MIN
70		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	9 BALTIMORE CITY O		ATH
15		W. VA.	USA	WIDOWED DIVORCED		County	
/_10	0 CI1	Y OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ON 12b.	KIND OF BUSINESS C
/1	Ro	055VILLE	FRANKLIN	SQ. HOSP.	(TYPE OF WORK FOR MOST O		USTRY
2 0	SUA 3a S	L RESIDENCE (# NURSING HOME TATE 113b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	lu		
0	34 3		BALTE DUNDAG		130. STREET ADDRESS	CRTH F	T. RD
6 14	FA	THER'S NAME	1001-100-5	15. MOTHER'S MAIDEN N	The state of the s	. 11 17	
3/1		RUSAS	MODIE LAST	FIRST	HA THE	ILLIA V	LAST
16	ia W	AS DECEASED EVER IN U.S.	ARMED FORCES? (66 SOCIAL SECU	JRITY NO. 17 INFORMANT	HATH A		
/	(YI	S, NO OR UNKNOWN) (IF YES, C	INF WAR OR DATES!	7424 VIRGINIA	SAPP	AB	ONTO
/ =					31477		
	-1	PART I DEATH WAS CAU	anly one cause per line for (a), 1b), and SED BY:			84	APPROXIMATE INTERVAL ETWEEN ONSET AND DEAT
	-		ATE CAUSE (a) Cardio-re	espiratory Arrest			
	П	185-	DUE TO, OR AS A CONSEQUE	ENCE OF			
		Canditians, if any, which	(Metastati	c Carcinoma of the	e Prostate		
	-1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF			
	_1	underlying cause last.	(6)	ENCE OF		17.98	
	2		(c)	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN P	PART I(a)
	ATION	PART 2 OTHER SIGNIFICAN	T CONDITIONS <u>CONTRIBUTING TO </u>	DEATH BUT NOT RELATED TO THE TER			
7	FICATION		T CONDITIONS <u>CONTRIBUTING TO </u>		200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
2	RTIFICATION	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO (DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? YES □ NO	206. IF YES, WERE IN CERTIFYING C YES [FINDINGS USED AUSES OF DEATH?
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300 MALE AVE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5	1.	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE LAST 120 DATE OF DEATH M.							8	ı	6
		EASED NAME ORPRINT)	FIRST		MIDDLE		atisky.	2ª DATE OF	DEATH MON	_	YEAR 8	26. HOL	
3	SEX	M. ALE	Daur	RACE	HITE	S. DATE C	DE BIRTH YEAR	6 AGE (IN YE	ARS LAST BIRTHDAY		R I YEAR	# UNDER	-
35	CC	THPLACE (STATE OR FOUNTRY) MARYLAND	REIGN 7	CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D Never Married D	BALTIMORE COUNTY BALTIMORE COUNTY					A
100	I	RANDALLSTO	WN	BALTI	MORE COUN	ADDRESS)	N. HOSPITAL	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SALESMAN 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SMOKE FIS					
ajugu di	130 S	ARYLAND	NG HOME OR COUNT BALT	ſΥ	RANDALLS	'N	134 INSIDE CITY LIMITS? YES NO XX		TH CIR	I CIR. #21			
330	4 FA	THER'S NAME FIRST ISAAC		DDLE	SATISKY		15 MOTHER'S MAIDEN NAI FIRST CHARNA	NAME MIDDLE ADLER ^{LAST}					
event, the me	(Y	(AS DECEASED EVER I ES, NO OR UNKNOWN) NO		ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MRS. MOLLIE SATISK 214-05-3300A 9824 TOLWORTH CIR., RANDALL							, MD	211	33
shows any injury, or	CERTIFICATION	OTHER SIGN	und	ONDITIONS CO	Russe	DEATH BUT	NOT RELATED TO THE TERM	20e AUTO	PSY? 201	IF YES, WER	E FINDIN	IGS USE	TH?
61	-	218. ACCIDENT WAS UNDO	AUSE OF DEAT	"	OF INJURY .M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	YES RED (ENTER NAT		YES TEM 18, PART I OR	PART 2)	NO [
marked	MEDICAL	214 INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE [OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COL	MIA	s	TATE
tem 21 is r		226. I certify that (I) saw the decease above, (I) (we) (d	d alive an	5/27	19		nd that in (my) (and) apinian	death occurred	d an the date a	ind hour and f	ram the		ated
ANT:		226 SIGNATURE	lan	lug 1	4. Pare	un c	ATTENDING PHYSICIAN D	MEDICAL DIRECTOR	STAFF PHYSICIAN		12	180	,
IMPORTANT		STAN	LEY	m .	ROSE	~	Ballo.	County	5 62	~. H	on	سكنا	P
_ '	(5	URIAL, CREMATION, PECHY) BURIA	L	1	30,1980	CHIZUI	EMETERY OR CREMATORY AMUNO	-	LTIMORE		MAR	YLAN	ND ND
25M 1/79	24 FU	NERAL DIRECTOR SO	L LEV	INSON 8	G BROSMESS,	INC.	21215 25a. DAT	E REC'D. BY RI	EGISTRAR 256.	REGISTRAR'S	SIGNATI	URE	

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DIVISION OF VITAL RECORDS, 201 W. P.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. BP. DHMH-16 25M (VRA 15, 4) 1/79

	-	em 180 G54 FOR STATE REGISTRAR	4 6/	26/80 d	ad DEPARTI	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG HCATE OF DEATH	FIENE 8 O	1 1	8	17		
	I. DE	CEASED NAME ORPRINT) PAUL	FIRST	Α.	NIDOLE		ROUGH		05 26	YEAR 80	1 : 45 PM		
		X MALE		4 RACE WHITE			OF BIRTH	6. AGE (IN YEARS LAST BIRTH		DER I YEAR	#FUNDER 24 HRS HOURS MIN		
5	70. BI	RTHPLACE (STATE OR FO	OREIGN	V.S.	WHAT COUNTRY?	MARRIE WIDOW!	D NEVER MARRIED	BALTO.	_		MD.		
6	T	OWSON, ME	0.7	G B SW	FACHITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF SERVICE ST	ON 12/ WORKING LIFE) IN ATION DV	N KIND OF	BUSINESS OR		
3	M	ARYLAND	HARF	CONSTRUCTION GIVE RESIDENCE BEFORE ACCURATE TO STREET			YES NO	1529 WHITEFORD ROAD					
0		ROBERT	CAR	ROLL S	CARBOROUG	Н	RACHEL	ME E •	LI	TTLE			
2	Iáo V	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? EWAR OR DATES)	217-20-9		MRS. CONNIE	ADDRE SCARBOROUGH		, MAR	YLAND		
	NO	Canditians, if any, gave rise to imm cause (a), statin underlying cause	which mediate ig the last	DUE TO, O	RAS A CONSEQUENT CARC	ENCE OF CAL ENCE OF OT I D	NECK DISSEC arotid blow o BLOW OUT, RA NOT RELATED TO THE TERM y, radiation	out is sudd DIATION NE	CROSIS	RT.	NECK		
2	CERTIFICATION	05-06-	-80	RT.			OW OUT	200 AUTOPSY?	206. IF YES, WEI IN CERTIFYING YES				
1	MEDICAL CER	218. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC. 218. INJURY OCCURF WHILE NOTIFY AT WORK AT WO	CAUSE OF DEA	HOUR A.	M. MONTH D.	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUR		OR PART 2)	STATE		
		220. I certify that (1) saw the decease abave, (1) (w/c) (c 22b. SIGNATURE	did) (YdXn)	view the body	e deceased fram_ 19_ after death				F v	fram the co	IGNED		
		DR. JUAN			E, M.D.		6701 N. CHA	RLES ST.	rowson,	MD.	21204		
	23o E	BURIAL, CREMATION, BURIAL	REMOVAL	MAY 30			EMETERY OR CREMATORY LDGE CEMETERY	DELTA, YO					
		HARK	INS.6	SOO MAIN	ST ADDRESS DE	LTA. I	PA. 253 PM	E REC'D. BOST TRAR	SE REGISTRANS	SIGNATU	RE		

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TOPSUN, MS. & G.B.M.C

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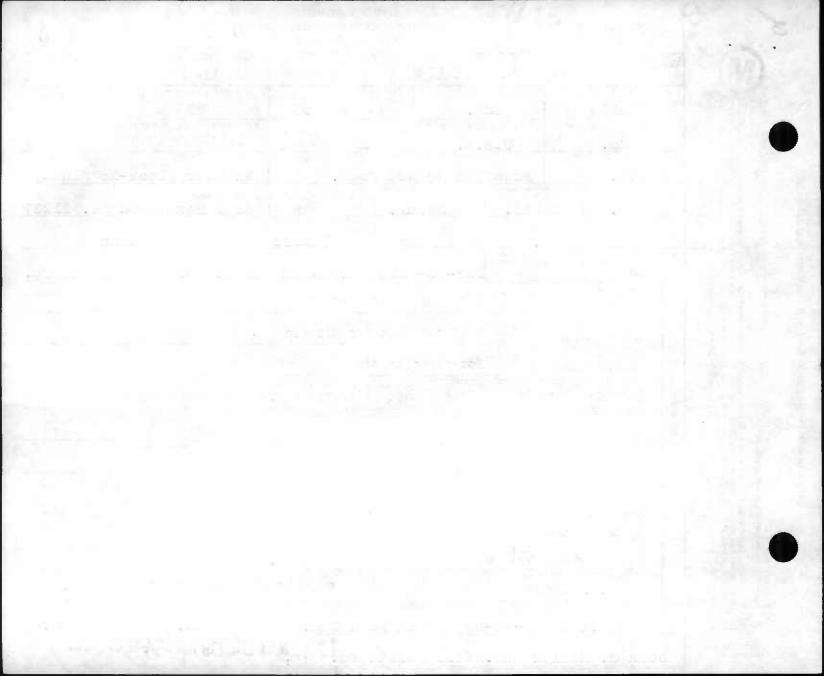
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. JETH T. Frithard, M. R. . Stor ". Chirilan St. Talson, "M. Balo

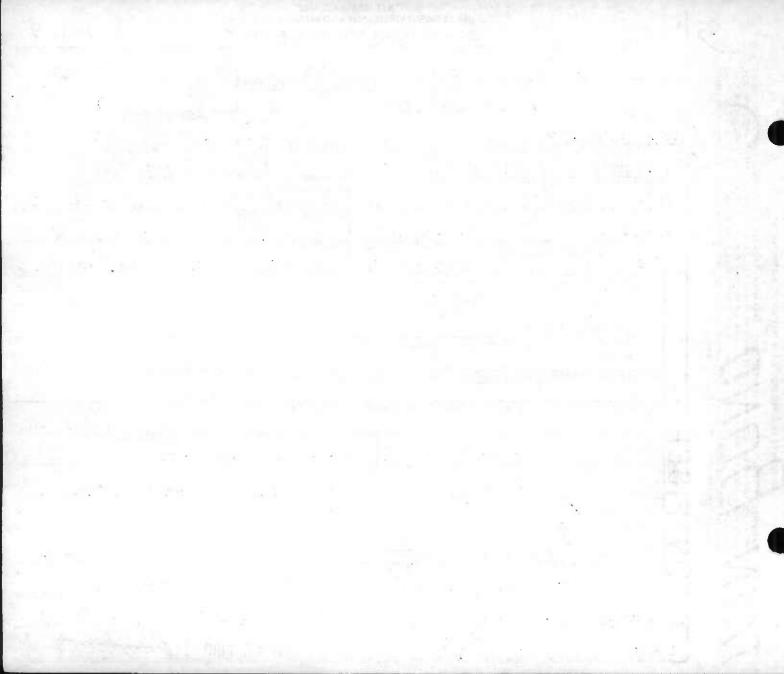
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TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, not should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medicarekamine, must be notified at once.
JSP1	NEF be d	3TA
) HC	ould th th	1POF
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 milk hereined by the hospital or attending physician.	T de s	2

DHMH-16 25M (VRA 15, 4) 1/79

1	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	REG. NO		8	18
	DECEASED NAME FIRST	ohn C. SCH	ILLING	LAST	May 12, 1		YEAR	3:30P
1							0601	J. JUP M
3	Male	Cau.	5. DATE (6. AGE IN YEARS LAST BIRT	YRS.		HOURS MIN
7	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md .	U.S.A	MARRIE	D NEVER MARRIED	Baltimore city o			MD
1	Balto.	11. NAME OF HOSPIT (IF NOT IN SUCH FACILIT	AL, NURSING HOME (by, GNE STREET ADDRESS) 1 Square	HOSD.	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Printer	F WORKING LIFE)	DUSTRY	
1	SUAL RESIDENCE (IF NURSING HOA 30. STATE 136 C	AE OR OTHER INSTITUTION, GIVE RES			13. STREET ADDRESS 6502 Ha			
1	FATHER'S NAME FIRST John	MDDIE C. Scl	nilling	15 MOTHER'S MAIDEN NA FIRST Eleanor	ME MIDDLE		ınn '^	
1	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	ARMED FORCES? 166 SC	OCIAL SECURITY NO	Geraldine	Sanders 65		zelw	ood Ct.
	Conditions, if any, which gave rise to immediate cause ial, stating the underlying cause last PART 2 OTHER SIGNIFICA Infected de	DUE TO, ORAS A	CONFEQUENCE OF eriosciero:	ular disease sis	AINAL DISEASE OR CON	DITION GIVEN II	N PART I	(a)
7	Infected de	-	OR WHICH OPERATIO		YES NOTOPSY?	20b. IF YES, WE IN CERTIFYING	CAUSE	INGS USED S OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.M. M INER) P.M. 21e PLACE OF INJI	ONTH DAY YEAR 19 URY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI		OR PART 2)	STATE
	220.1 certify that (X (this h		used fruiti	1 . 28 19 80 nd that in () (aur) apinian	May 12		80_	that (we) last
	276 SIGNATURE	L(M	eath.		MEDICAL STAI	FF CIAN []	22c DATE	12/80
1	E.L.Rok	bins			anklin Squar	re Dr.,	2123	7
	30. BURIAL, CREMATION, REMO (SPECIFY) Burial	23b. DATE 5-14-80	10000	awn Cem.	23d LOCATION CITY OF TOWN Balto			Md.
2	John C. Mil	ler Inc. 6	ADDRESS 415 Belai		AY 1 4 1980	256. RESISTRAR	s system	Creedy



STATE OF MARYLAND



TO HOSPITAL CONTITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours all a retained by the hospital ar attending physician.

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		6		FOR			DEPA	ARTMI	ENT OF H	EALTH AND M	ENTAL HYG	ENE A	Ω			8	2	0	
		2		STATE REGISTRAR	Sarah	Cath	erine 9	Schr	CERTIE	CATE OF DI	EATH	U	050.11	•		0.0		-	
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8 4	e pr	00	5	10 DATE OF OPERA	TION	198 COND	IIION FOR WE	TICH C	PERATION	N WAS PERFOR	MED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF					OF DEAT	H?	
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9 6	Surial:1	E /	3 L	(IF EITHER, NOTIFY MEDIC			M.		19										
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DHM	H-16 20	o _M	24 FUN	PAME DIRECTOR	Jitzke	Funera	1 Homes	sof	Cato	nsville	250. DATE	REC'D. BY R	EGISTRAR	256. REGIS					
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		1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 0	0.	1 8	2	1
) pe			EASED NAME OR PRINTI	SOL		WIDDLE	SCHAB	AST SCHWABER ER	2a. DATE OF DEATH	MONTH D	17 80	2h HOU	1 Om A
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within 24 ho tefy filled in I should be file	35	13a. S	L RESIDENCE (IF NURSII TATE ARY LAND	G HOME OR O		GIVE RESIDENCE BEFORE BALTIM	VN_	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 3900 N. CH	APT.	501 C ST. #2	20. 21218	
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requires that the death certificate in signed by the attending physiciar nen please remove carbon papers. It burial, or removal.	nagane i amo	NC	Conditions, if ony, gove rise to imm couse to, stoting underlying couse	which ediote	CAUSE (0) DUE TO, O (b) DUE TO, O (c)	MENEANG R AS A CONSEQUE R AS A CONSEQUE DOUTRIBUTING TO	IENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVI	EN IN PART 1	0)	
CIAN: The law ician. rificate has bee insit permit. TI Hygiene prior		CERTIFICATION	19a DATE OF OPERAT	ION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDING CAUSES		H?
PHYSICIAN g physician. this certificat rial-transit p Mental Hygi	9		218. ACCIDENT WAS UNDER OR CONTRIBUTING CO. (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	216, TIME O HOUR A. P.	M. MONTH	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	ART 1 OR PART 2)		
or attending OR: After thi use as the buri Health and M		MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK NOT WHO			OF INJURY REET, FACTORY, OFFICE	FARM, ETC	211 LOCATION STREET	CITY OR TO	WN	COUNTY	st	ATE
AT ital	7		220-1 certify that (I) (sow the decease above, (I) (we) (di	d olive on_		19_	80 .	nd that in (my) (our) opinion	,	ote and hour	,	that (I) (v	,
by the hospita by the hospita ERAL DIREC e detached for State Dept. of			226. SIGNATURE		A C	- on c	Ú	DEGREE ATTENDING PHYSICIAN [MEDICAL STA		22c. DATE	5-17	
HOSP ined b	Si No		DR. KAY		PRINT)			GBMC-6701	N. CHARL	ES ST	•		
Bb To see		23a. B	URIAL, CREMATION, F		23h. DATE MAY 19	,1980	CHI ZU	EMETERY OR CREMATORY AMUNO	23d. LOCATION CITY OR TOWN	ORF.	COUNTY	STA	
DHMH-16 25 (VRA 15, 4) 1			INERAL DIRECTOR NAME 010 REISTE	SOL L		BÂÏTÔ.	, INC	21215 Z5e. DAT	e rec'd, by registrar 1221980	236. REGISTI	RAR'S SIGNAT	ÜRE	

SOL SOHABER

BALTIMORE COUNTY

14 07:1 68 71 80

GBMC-6701 N. CHARLES ST.

MENENGITIS

DR. KAYALI

5-17 80 5-17

GEMC-6701 N. CHARLES ST.

тоу ре 4 inding physician and campletely filled in by the funeral directal carbonpopers. Pages 1 and 2 should be filed within 72 hours an deoth. Page TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, ar other traumatic event, th requires that the attending physicia PHYSICIAN OR ATTENDING

event, the

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

MAY 9

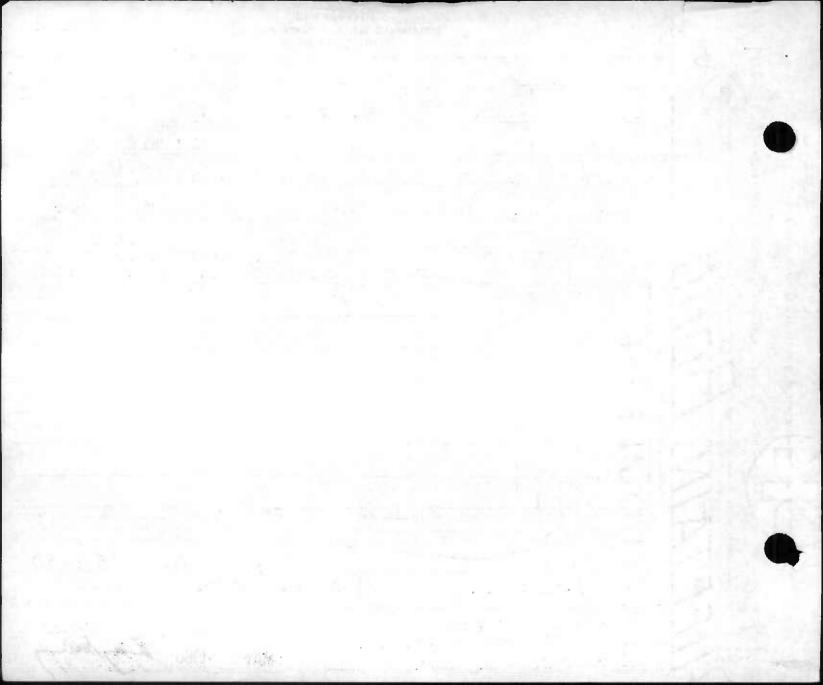
REGISTRAR				CEKTII	FICATE OF L	EAIN	REG	NO.		
1. DECEASED NAME (TYPE OR PRINT)	FIRST	A	AIDDLE		LAST		2a DATE OF DEATH		DAY YEAR	2b HOUR D
(TIPE OKPRINT)	ROSA	LIND		SCH	WARTZ		MAY 5	, 1980		3:40 P
3 SEX		4. RACE		5. DATE (VEAD	6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	
FEMALE		WHITE		MAI	R. 7	1906	74	YRS.	NUNIHS DATS	HOURS MIN
70. BIRTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COU	NTRY? 8	D NEVER A	AAPPIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
NEW YORK			SA	WIDOWI	EDXXX Dr	ORCED	BALT	IMORE C	OUNTY	MD
RANDALLSTOWN OF DEA		(IF NOT IN SUC	H FACILITY, GIV	CONVALE		ENTER	12a USUAL OCCUP (TYPE OF WORK FOR MO HOUSEW	ST OF WORKING LIFE		OF BUSINESS OR
USUAL RESIDENCE (IF NURS 130. STATE MARYLAND	13b COUI BAL	NTY	13c CITY O		13d INSIDE C	ио ХХ	130 STREET ADDRES 6640 SAN	ŽO RD.	#21	209
14 FATHER'S NAME FIRST SHIMON		MIDDLE	REENB			MAIDEN NAM FIRST ARAH	ME	S	IPPLE	.ST
16g WAS DECEASED EVER (YES, NO OR UNKNOWN) NO		RMED FORCES? E WAR OR DATES)		34-1522			. BERNADIA ΓREE LA.	BESGINSB BALTO.		21208
Conditions, if any, gove rise to imm cause 101, statin underlying couse	which nediate ig the last.	DUE TO, OI	R AS A CON	ISEQUENCE OF ISEQUENCE OF IG TO DEATH BUT WHICH OPERATIO			INAL DISEASE OR CO	20b. IF YES	, WERE FINDI YING CAUSES	INGS USED
190 DATE OF OPERAT 210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTHEY MEDIC.) 21d. INJURY OCCUBE WHILE NOTHEY MEDIC. 21d. INJURY OCCUBE WHILE NOTHEY MEDIC. 22d I certify that (I) Sow the decease abave) (I) (we) Ic 22b. SIGNATURE 22d. PHYSICIAN'S NA 22d. PHYSICIAN'S NA 22d. PHYSICIAN'S NA	EAUSE OF DE AL EXAMINER HILE HILE HILE HILE HILE HILE HILE HIL	21e PLACE (AT HOME, STR	M. MONT M. OF INJURY EET, FACTORY, e deceased	_19, o	211 LOCATIC STREET	, 19 <u>73</u> (aur) apinian d	CITY OR to 5 6 death occurred an the	TAFF	COUNTY	that (1) (we) lost a causes stated
HOWARD 23a. BURIAL, CREMATION,	GARB REMOVAL	ER, M.D.		23c. NAME OF C	5310	OLD CO	OURT RD.		#21133	STATE
BURIA		MAY 7,		BETH TF			BALTIN	ORE _	MAR	RYLAND
24 FUNERAL DIRECTOR NAME 6010 REIST			AUUR	OS., INC			REC'D. BY REGISTR	AR 25b. RECONT	mythe	Credy

DHMH - 16 50M 1/76 (VR A 15 (4))

6010 REISTERSTOWN RD

BALTO

retoined by the hospitol

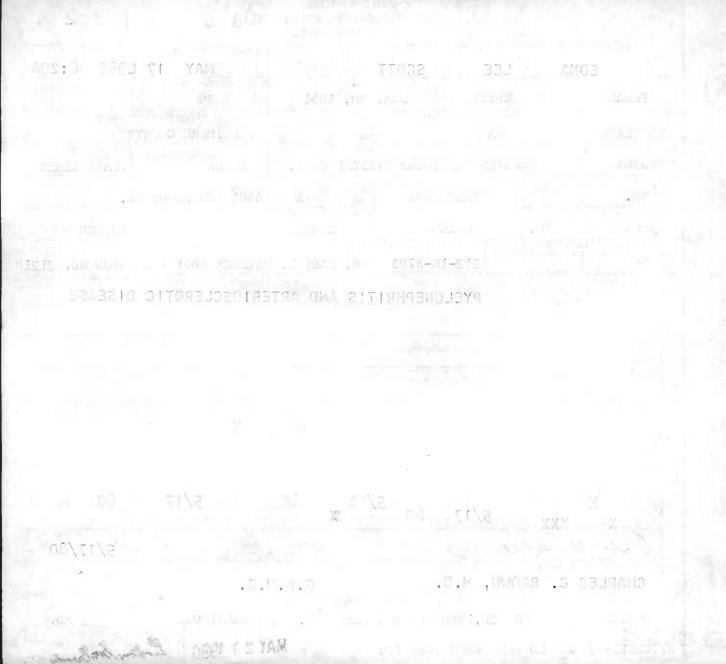


	1-:	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MEN MEDICAL EXAMINER'S CERTIFICATION FIRST MIDDLE LAST						D MENTAL HYGIENE 1 8 2 3					
		CEASED NAME OR PRINT)	Donald		J.		Sco	ons		20. DATE KNO OF ES DEATH MA		y 13,1	980	2b. HOUR	
	3. SEX	le	White	5 DATE OF B	25, 19	6. AGE (IN YE		DER 1 YR. IF UNDER	R 24 HRS.	24 DATE PRONOUNCED DEAD M	ay 13,	1980 ,	YEAR	2d HOUR	
9	70. BII	RTHPLACE (5)	ATE OR Y.		USA		11	IED X NEVER MARE		9. BALTIMORE Ba	CITY OR CO		ATH	MD.	
9		eisters				IURSING HOM E STREET ADDRESS)		ER INSTITUTION	12a USU	JAL OCCUPATION OF THE STORY OF	Invest	ORK 126 KINE OR I	OF BUS	INESS	
5	USUA 130. S1			or other institution, give residence before admission) 140. Md. 130 City or Town Reisterstown,				Maginsioe City Limits? 13e. STREET ADDRESS away Ro				ad			
9		THER'S NAME		MIDDLE SCOONS			15. MOTHER'S MAID PRINT		WIDDLE	Burns	LA:	ST			
/	16a. W (YE	AS DECEASED	EVER IN U.S. AR	MED FORCES? 2'AR OR DATES)	16b. SC	70-22-5	337	Mrs. Chri	stine		wn Wes	tminst	er,	Md.	
8	TION	cause (a) lying cau	SNIFICANT CONDITIONS	DUE TO	DEATH BUT NOT RE		OF AINAL OISEAS	E OR CONDITION GIVEN IN P.	ART I (a).						
1	TIFICA							AS PERFORMED?				YE	JTOPSY?	№ □	
3	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTII	NG CAUSE OF	DEATH	AE OF INJURY A.M. MONT P.M.	H DAY YEA	R	DW INJURY OCCURR	ED (ENTÉR I	NATURE OF INJURY II	TEM 18 PART 1	OR PART 2)			
	MED	21d. INJURY C WHILE AT WORK			ACE OF INJUI T, FACTORY, FARM			CATION		CITY OR TOWN		COUNTY	. 5	STATE	
		WHILE AT WORK AT WORK 27a. I certify that I took charge of the remains described above, held an Autapsy I, Inspection I, Inquiry I, and in my a death resulted from: Natural causes I, Accident I, Suicide I, Hamicide I, Undetermined manner I, TITLE (SPECIFY) ACTUAL SIGNATURE ACTUAL SIGNATURE DATI SIGNATURE STREET CITY OR TOWN CITY O									ny apinian ATE IGNED 5	14-8	30		
7		EXAMINER'S (TYPE OR PRIN	(I) MSTI.	tin E.	Strob	el,M.I			Hano	ver Ro					
	C	rematio		May U,	80	Westvi	ew Pa		B	a Itimor	•		STA	TE	
		ineral direc	neral Ho	me Rei	sterst	own, Md	. 21	.36 Z50. DATE	REC'D. BY	REGISTRAR 2	b. REGISTRA	R'S AIGNAU	RE		

- Day of the 25, 1525c half of the state of th na Sudani. Sudana M DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF of facine III. I received. SECTION AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRES

	ter death. Page 4 may be	funeral director and bin 72 hours are seen
ORE, MARYLAND 21201	executed within 24 hours aft	nd completely filled in by the les 1 and 2 should be filed wit
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	s that the death certificate be	by the attending physician are remove carbon papers. Pag I, cremation, or removal.
I OF VITAL RECORDS, 201	IYSICIAN: The law requires physician.	s certificate has been signed la l-transit permit. Then pleasental Hygiene prior to burial
DIVISION	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundral during should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 moor with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	DEPARTM			0 0	D.	! 0	60 60
FIRST	MIDDLE	LAS	ST .	2ª DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
EDNA L	EE S	COTT		MAY	17 L	.980	8:20Am
FEMALE WHITE		JAN. 30, 04 1891 YEAR		6. AGE (IN YEARS LAST BIRTH			IF UNDER 24 HRS HOURS MIN.
R. BIRTHPLACE STATE OR FOREIGN COUNTRY) MARYLAND USA		MARRIED NEVER MARRIED		BALTIMORE COUNTY OF DEATH BALTIMORE COUNTY			
TY OR TOWN OF DEATH 11. NAME OF H (IF NOT IN SUCH GREATER		OSPITAL NURSING HOME OF OTHER INSTITUTION		12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) CLERK 12b. KIND OF BUSINESS (INDUSTRY) PLATE GLASS			
	UTION, GIVE RESIDENCE BEFORE	ADMISSION)	34. INSIDE CITY LIMITS?	13a STREET ADDRESS 4401 UNDERV	WOOD RI		
					1000	-	
E.	SWANN		CLARA	MIDDLE		CROUC	H
		RITY NO.	17 INFORMANT	ADDRE	SS		
(IF YES, GIVE WAR OR DATE	212-10-8	793	DR. MARY L. H	HAYLECK 4401	UNDER	RWOOD I	RD. 21218
if any, which to immediate stating the couse last IEEE SIGNIFICANT CONDITION	O, OR AS A CONSEQUED O, OR AS A CONSEQUED SO CONTRIBUTING TO D	NCE OF	OT RELATED TO THE TERMI		DITION GIVEN	N IN PART 110	
OPERATION 196 CO	ONDITION FOR WHICH (OPERATION	WAS PERFORMED	200 AUTOPSÝ? YES ☑ NO □	IN CERTIFY	NG CAUSES	
NG CAUSE OF DEATH HOU		Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	T 1 OR PART 2)	
			211 LOCATION STREET	CITY OF TOW	N	COUNTY	STATE
		5/ 0, and	02 , 19 <u>80</u> that in X () (our) opinion d	eath occurred on the do	te and hour o	80	that (h (we) lost
ne Lea			ATTENDING PHYSICIAN			5/1	SIGNED
	/N, M.D.			I.C.			134
		AME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE
	20,1980 L	OUDON					MD.
	ME 6500 YORI	K RD.			ISB. REGISTRA	R'S SIGNAT	URE
	EDNA A RACE WATE OR FOREIGN TO CITIZEN TO U OF DEATH II. NAME (IF NURSING HOME OR OTHER INSTIT III. NAME	E FIRST MIDDLE EDNA LEE S A RACE WHITE AIR OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? ID USA OF DEATH 11. NAME OF HOSPITAL, NURSING MIDDLE GREATER BALTIMO (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM I 13b. COUNTY 13c. CITY OR TOWN BALTIMOR MADDLE E. SWANN DEVER IN U.S. ARMED FORCES? DIVIN 1 (IF YES, GIVE WAR OR DATES) I 16b SOCIAL SECUL 212-10-8 F DEATH LENTER ONLY ONE COUSE PER LINE FOR (10), (b), one ATH WAS CAUSED BY IMMEDIATE CAUSE (10) PYELONE If only, which to immediate stating the couse lost OPERATION 19b CONDITION SCONTRIBUTING TO IN COUSE OF DEATH PY MEDICAL EXAMINER) OPERATION 19b CONDITION FOR WHICH WAS UNDERLYING 10 TOWN A.M. MONTH DATE OF INJURY HOUR A.M. MONTH	E FRIST MIDDLE LAS EDNA LEE SCOTT A RACE WHITE JANSON AND CONTROLOR TO CONTROLOR	DEPARTMENT OF HEALTH AND MENTAL HYGICERTIFICATE OF DEATH E PREST MIDDLE SCOTT EDNA LEE SCOTT JAN 30, 01891 14 RACE WHITE JAN 30, 01891 14 RACE JE WHITE JAN 30, 01891 14 RACE JE WHITE JAN 30, 01891 14 RACE JE WHITE JAN 30, 01891 14 RACE JE WHITE JAN 30, 01891 14 RACE JE WHITE JAN 30, 01891 14 RACE JE WHITE JAN 30, 01891 14 RACE JE WHITE JAN 30, 01891 14 RACE JE WHITE JAN 30, 01891 14 RACE JE WHITE JAN 30, 01891 14 RACE JE WHITE JAN 30, 01891 14 RACE JE WHAT WHO WEED DEVER MARRIED DO DOORCED JE WOONED DOORCED JE WOONED DOORCED JE WOONED DOORCED JE WOONED OF OTHER INSTITUTION, ONE RESIDENCE REFORE ADMISSION) JE WAS THE HOST TOWN BALTIMORE JE MAN DEVER IN U.S. ARMED FORCES? JE WANN LEVER IN U.S. ARMED FORCES? JE WANN LEVER IN U.S. ARMED FORCES? JE WANN JE YES NO 20 RACE JE WAS GIVE WAM ONDAIRS) JE WOONED DOORCED JE YES NO 20 RACE JE WAS CAUSED BY LE YES ON 20 RACE JE WAS CAUSED BY JE WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF JE OUT ON AS A CO	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH RECURSIVE CONTINUES AND ACTION OF DEATH LEE SCOTT MANY AND ACTION OF DEATH LEE SCOTT MANY AND ACTION OF DEATH LEE SCOTT MANY AND ACTION OF DEATH LEE SCOTT MANY AND ACTION OF DEATH LE WHITE JANN'III 30, 01891** BY DATE OF DEATH LE WHITE JANN'III 30, 01891** AND ACTION OF WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHO WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHAT WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHAT WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHAT WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHAT WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHAT WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHO THE WHAT COUNTRY? LE WHAT WHAT COUNTRY? LE WHAT WHAT COUNTRY? LE WHAT WHAT WHAT COUNTRY? LE WHAT WHAT WHAT WHAT WHAT WHAT WHAT WHAT	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 E 1983	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO. NO. REG. NO. REG. NO. REG. NO. NO. REG. NO. REG



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may tretained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directivity should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours attement the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury,

DHMH-16 25M

(VRA 15, 4) 1/79

FOR

STATE OF MARYLAND STATE

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

IENE 8 0		1	B	2	5
REG. N	10.				
20 DATE OF DEATH	HTMOM	DAY	YEAR	Zb. HOL	JR
	5	12	80	6	
6. AGE (IN YEARS LAST BI	RTHDAY)	IF UN	DER I YEAR	IF UNDER	24 HRS
78	VDI		IS DAYS	HOURS	MIN.

					ALO.	10.				
I. DECEASED NAME (TYPE OR PRINT)	FIRST	WIDDLE	LAST	17	20 DATE OF DEATH	HTMOM	DAY	YEAR	2b. HOU	JR
	Helen	A_{\bullet}	Scott			5	12	80	En V	
3 SEX		4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST &	RTHDAY)	IF UND	RIYEAR	IF UNDER	24 HRS
Femai	le	White	8 8	1901	78	YRS.	MONTHS	DAYS	HOURS	MIN,
To. BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVEL		9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
MD		USA	TETE	DIVORCED	Baltimor	e				M
10 CITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NURSIN		ISTITUTION	12e USUAL OCCUPA				F BUSINE	ESS OR
Woodstock	k	3621 Hernwood	Road		Housewife		LIFE) INC	OUSTRY -		
USUAL RESIDENCE (IF	NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE		CITY HANTES	In CIRCLY ADDRESS					

Baltimore Woodstock 3621 Hernwood Road MD KKON 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Shields Annie MIDDLE Shields Joseph Stephen Scott 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 7697 Un MD 01107

110		210-22-4179	3021 herrwood ha., woodstock,	MD 41100
PART I. DEATH WAS	CAUSED BY	er line for (a), (b), and (c),)	Sudden Cardine anest	APPROXIMATE INTERVAL METWEEN ONSET AND DEATH
4140	AEDIATE CAUSE (0)_ DUE TO.	OR AS A CONSEQUENCE OF	DON D	10 den
Conditions, if any, what gave rise to immedicause (a), stating	ote	OR AS A CONSEQUENCE OF	ASNI)	10 ges
underlying cause 1	ost. (c)_		IT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	EN IN CARL IV

	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES NO		YES	NO 🗌	
(If EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	RRED (ENTERNATURE O	F INJURY IN ITE	M 18, PART 1 OR PART 2)		
WHILE NOT WHILE THE AT WORK	21e PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.}	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE	

22a I certify that (I) (this hospital) attended the decembed from		19 20., that (1) (we) la
saw the decembed alive on above, (I) with above after death.	nat in (my) (aur) apinion death occurred an the date and hou	r and fram the couses stated
776 SIGNATURE DEC	GREE	22c. DATE SIGNED
Malonon-MD	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	5-13-80

27 PHYSICIAN'S NAME STYPE OF PENT) 22e ADDRESS

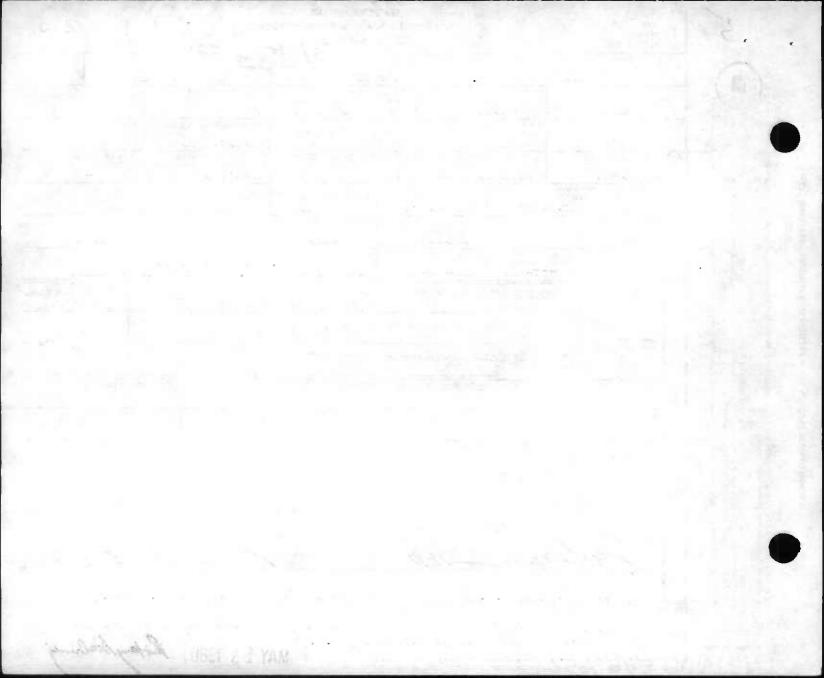
Lawrence Solomon, M.D.

Reisterstown & Slade Aves. Balt. MD

MD

23a BURIAL, CREMATION, REMOV	AL 23b. DATE	23C NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	5
Rum al	5/15/00	Holy Cross Cometery	Baltimore	Anne Arundel	

P. A. 250. DATE REC'D. BY REGISTRAR 256. REG 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, 8728 Liberty Rd., Randallstown, MD 21133 MAY 1 1980



Stansbury, n. 6411 Vindson ill Rd.

FOR

- STATE

(VRA 15, 4) 1/79

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

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Baltimore Baltimore Con Gen. 1105.p. parties of the second s

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fied at once.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. 1	١٥.			
	CEASED NAME	FIRST		MIDDLE	l,	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
		REBA		R.EBECC	A SE	NSEL			05	29	80	5:30Pm
3. SE	X		4 RACE		S DATE C		YEAR	& AGE (IN YEARS LAST BI	RTHDAY)	IF UND	ER I YEAR	IF UNDER 24 HRS HOURS MIN
F	emale		Whit	e	10		TEAR	76	YRS.	MUNTHS	DATS	MOURS MIN
	RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	1	D NEVER MAR	DIED	9 BALTIMORE CITY		Y OF D	EATH	
	arvland		IIS	Α	WIDOWE	**	CED	TOWSON	BAL	ттмо	ORE	CO. MD.
	TY OR TOWN OF	EATH	11. NAME OF	HOSPITAL, NURSIN			TION	120. USUAL OCCUPA				F BUSINESS OR
1	BALTIMO	R/E/	6701	V. CHARL	ES S	TREET		Seamstre			arme	ent
USU.	AL RESIDENCE (IFN STATE	136 COU	YTY	GIVE RESIDENCE BEFORE		1134. INSIDE CITY I	IMITS?	13. STREET ADDRESS				
M	arvland	Balt	imore	Reisters	town	YES NO		320 Wemb1	y Roa	.d		
14. FA	THER'S NAME		MIDDLE	LASI		15. MOTHER'S MA	IDEN NA	ME			1451	7
	Charle		Model	Lashley		Reb	ecca	. Middle		Ni	ckun	n
	VAS DECEASED EV		MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDI	RESS			
	No	(# YES, GIV	E WAR OR DATES)	213 10	5652	Robert A	. Sei	nsel 161 W.	Main	На		
Z	Conditions, if o gave rise to i cause (a), stc underlying car	my, which mmediate the last last last last last last last last	D BY TE CAUSE (0) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO	THE TERM	NINAL DISEASE OR COI	NDITION G)VEN IN		MATE INTERVAL INSET AND DEATH
CERTIFICATION	190 DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN CERT			IGS USED OF DEATH?
	21a, ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER, NOTIFY ME	CAUSE OF DE	NIP .	M. MONTH DA	Y YEAR	21c. HOW INJUR	Y OCCUR	RED (ENTER NATURE OF INJ			PART 2)	
MEDICAL	21d. INJURY OCCU	WHILE WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	0.0	CITY OR TO		- 0	YTHU	STATE
	saw the dece	osed alive an	O.F.		0) opinion	death occurred on the	date and h	our ond		
	The Marketinge	elo	leib	est	2 1	PHY:	NDING SICIAN [AFF ICIAN (2)		26 DATE S	9/80
"	22/PHYSICIÁN'S					22e ADDRESS			MED		-	NEEC
	DR. V	. V. C	HELOLE	IBER		GREATE	K B/	ALTIMOREM	WEDI	CAL	. CE	NIER
23a. E	SPECIFY)	N, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION CITY OR TOWN		COUNT	Y	STATE

DHMH-16 25M (VRA 15, 4) 1/79

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24 FUNERAL DIRECTOR

Fulton Penna

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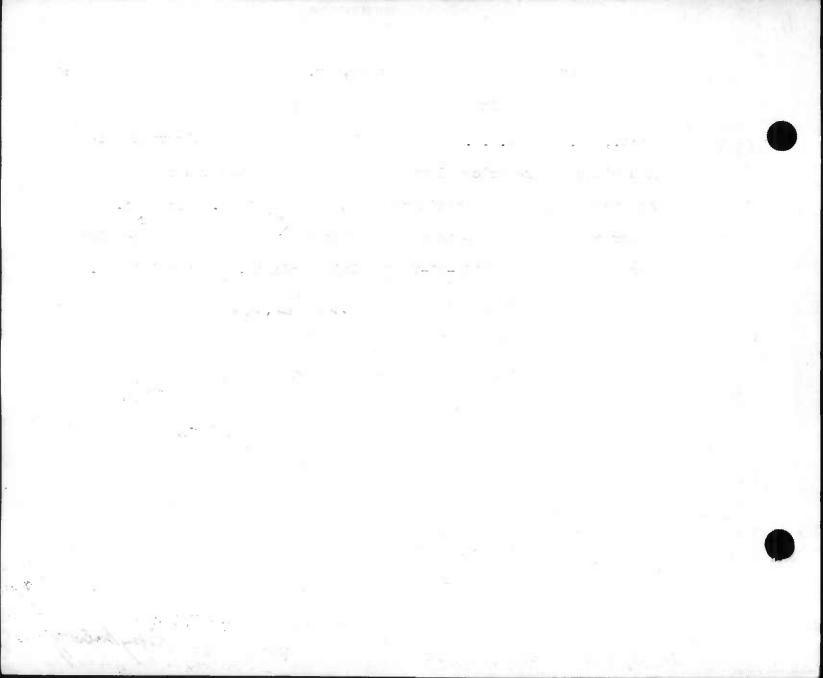
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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

TO HOSPITAL OF ATTENDING PHYSICIAN: The retoined by the hospital or attending physician.

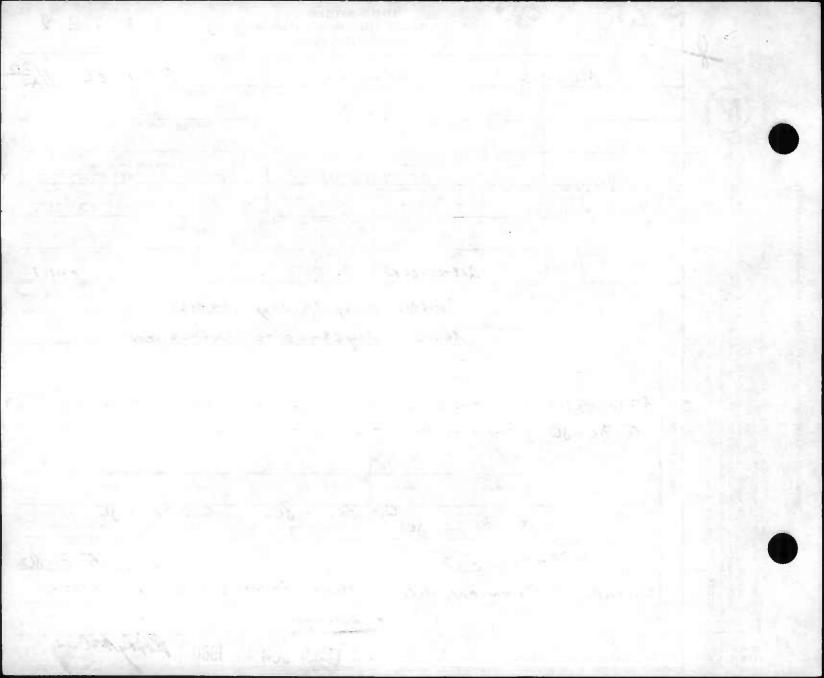
age 4 may be

		FOR			DEB		E OF MARYLAND EALTH AND MENT	AL HVC	ENE O A	1 8	2.8
	1 -	STATE REGISTRAR			DEF		ICATE OF DEAT		REG. NO.		
	I. DE	CEASED NAME	FIRST	A	AIDDLE	-	AST		28 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
death death	(TYPE	Edi	ward	-	T.	Sha	nks, Sr.		5	16 80	3:25 P
60h 45	3. SE	X	4	RACE		5. DATE O		EAR	& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
un afte		Male		Whi		6				RS.	, HOURS MIRE
A CONTRACT	Iø. BI Ci	RTHPLACE (STATE OR FO		CITIZEN OF		MARRIE	D NEVER MARR		Baltimore City or COU		
(1881)	10 C	Balt., Me		U.S.		WIDOWI	D DIVORC		12a USUAL OCCUPATION		OF BUSINESS OR
10		atonsville			H FACILITY, GIVE S	TREET ADDRESS)	OFFICE HASHIOT	.0.1	(TYPE OF WORK FOR MOST OF WORKING Cafe owner		
6.8 &	USU/	AL RESIDENCE (IF NURS	ING HOME OF O	THER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISSION)	1136. INSIDE CITY LI	ALITC2	13e STREET ADDRESS		
PER PER	100	Maryland	130.200141	•		imore	YES X NO		636 S. Monro	e St.	
4 5 P	14. FA	THER'S NAME					15 MOTHER'S MAI	DEN NAM	AE .		
##350		George	AA1	DOLE	Shan	ks	Sarah		WIODIE	Wis	AST Se
d co		VAS DECEASED EVER	IN U.S. ARM		166 SOCIALS	SECURITY NO.	17 INFORMANT		ADDRESS		
Pog.		yes	WWI	VARORDATES	216-3	2-7965	Elaine 1	Heil	man,956 Masef		
physical on poper emovol event, the		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BT:	450	Moudic.	with	01	4.F	BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
ending corbo		4272		1	AS A COUS	EQUENCE OF	ha the	Di	-16, Fic	6	menthe
by the att		Canditians, if any, gove rise to imm couse (a), statin	nediate g the	DUE TO-OT	RAS A CONS	EQUENCE OF	Lul	2 6	-14		aller
ed by stease rial, c		underlying couse		(FEE	7),25	fry 1	ha	11th		0711
Then portable injury.	NO	PART 2. OTHER SIGN	VIFICANT CO	(4) Gagrine RHO				lonen Effe	GIVEN IN PART I	2 cycs	
hos been print on permit o	CERTIFICATION	198 DATE OF OPERAT	ION	196 COND	ITION FOR WE	HICH OPERATIO	N WAS PERFORMED	D		FYES, WERE FIND ERTIFYING CAUSE YES	
roate h roate	W W	210. ACCIDENT WAS UND		21b. TIME O		DAY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	A 18, PART 1 OR PART 2)	
g ph g ph rid-tr entol ftem	₹	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	Ρ.		19					
ortendin ortendin sthe bu	MEDICAL	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO		21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	-1	CITY OF TOWN	COUNTY	STATE
After After		22s. I certify that (I)	(three septo	il) ottended ib	e focused &	877		1		0 19	, that (I) (we) last
CTOR for u		sow the decease abave, (1).	d alive an_	view the body	ofter death.		nd that in (my) (aur)	opinion o	leath accurred on the date and	hour and from th	e couses stated
the hose to DIREctor to Dept.		22b. SIGNATURE	ME	The	Tha	At ,	M ATTEN	IDING (MEDICAL STAFF DIRECTOR PHYSICIAN	372975598	1960
etoined by TO FUNERAL should be de with the Stot		226. PHYSICIAN'S N	ME (TYPE OR I	PRINTI	refi	4	130 ±	F	rident 1	26 B2/	1021128
5 £ 5 ₹ 3 ₹ —	23a. l	BURIAL, CREMATION,	REMOVAL	236. DATE			EMETERY OR CREM	ATORY	236. LOCATION	COUNTY	BIATE
BP	1	SURIAL		5-19	-80	NEW	CATH. CE	M.	124LTO		MD.
DHMH-16 20M (YRA 15, 4) 7/78	F	UNERAL DIRECTOR NAME ARLEV F-H	1. 66	OI FRE	D. Al	E.		MA	Y 2 1 1980 256.	SISTEMAN'S STATEMENT	0000



DHMH-16 25M (VRA 15, 4) 1/79

	1-	FOR STATE REGISTRAR		DEPARTM	LENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	0 0		1 8 2	2 9
-	1. DEC		RST	MIDDLE		AST	20 DATE OF DE	REG. NO.	DAY YEAR	26 HOUR
		OR PRINTI	RRLS		SHA	PIRO		5-3	31-80	1/20
	3. SE)		1 RACE		5 DATE C	OF BIRTH	& AGE (IN YEARS	LAST BIRTHDAY]	IF UNDER I YEAR	F UNDER 24 HRS
	MALE		WHITE		OCT	. 30, 1912	67	YRS.	NONTHS DAYS	HOURS MIN.
2		RTHPLACE (STATE OR FOREK		WHAT COUNTRY?	ALADDIE	D X NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	OF DEATH	
/		RUSSIA	US.	A	WIDOW		BALTIM	ORE COUNT	ГҮ	MD.
	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OC	CUPATION R MOST OF WORKING LIF		BUSINESS OR
9		ANDALLSTOWN	BAL	TIMORE CO	UNTY	GENERAL HOSP	CHAUFF	ER	LIMOUS	INE SERV
7	13n S		COUNTY SALTIMORE	OWINGS M	N	134 INSIDE CITY LIMITS?	37 TAH	DRESS IOE CIRCLE	E OWINGS	MILLS M
20	14. FA	THER'S NAME FIRST LABE	WIDDLE	SHAPIRO		15 MOTHER'S MAIDEN NAME FIRST MIRIAM		AIDDLE	UNKNOW	N
	láo V	VAS DECEASED EVER IN	J.S. ARMED FORCES?	166 SOCIAL SECUI	RITY NO	17 INFORMANT		ADDRESS OWIN	WGS MILL	S, MD
	(1	YES, NO OR UNKNOWN! (IF	WII-NAVY	218-05-0	3043	MRS. SADIE S	HAPIRO	17 TAHOE	CIRCLE .	#21/17
2	CERTIFICATION	Canditions, if any, will gave rise to immed couse (a), stating underlying cause PART 2 OTHER SIGNIFI ATHERICAL 19a DATE OF OPERATIO 5-30-	cant conditions C	AADOO VA	NCE OF DEATH BUT OPERATIO	NYOCASDIN NOT RELATED TO THE TERM AN DISCASSION WAS PERFORMED	S/P Res	Y? ZON IF YES	ASDOMANAS, WERE FINDING	Utr GS USED
G	_	210 ACCIDENT WAS UNDERLU		FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM 18, P	ART I OR PART 2]	
/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EX 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	(AMINER) P	M. OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
			is haspital) attended the		70. D	nd that in (my) (aur) apinian DEGREE	death occurred o	on the date and hav	0	
		22b. SIGNATURE	Ermen	53		ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	5	-31-80
		EXCANDO	B. CONA	vow, an	D-	22n ADDRESS BCGH - RA	MDALLS Z	own my	2. 21	133
	(BURIAL, CREMATION, REASPECTEY BURIAL	0/1/2		brew@			MORE, MD	COUNTY	STATE
19		UNERAL DIRECTOR SOL LEVINSON	& BROS 6	010 RELST BALTIMOR	ERSTO)WN RD (21215)	N 3 19	80 PAR	My Mel	Lody



STATE OF MARYLAND

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1 - STATE REGISTRAR			OF HEALTH AN RTIFICATE O	ID MENTAL HYGI F DEATH	REG. N	0.		Q		0
DECEASED NAME FIRST	A	MODLE	LAST			MONTH	DAY	YEAR	26. HOL	JR
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SEX	4 RACE		ATE OF BIRTH		6. AGE (IN YEARS LAST BIRT		MONTHS.	DAYS	HOURS	MIN.
Female	Whi	te	12 26			88 _{YRS}				
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		/1 A	ARRIED NEV	ER MARRIED	Baltimore City C		unty			ME
Catonsville	11. NAME OF H	HOSPITAL, NURSING HO H FACILITY, GIVE STREET ADDRES 1e Sisters	ome or other of the I	Poor	TYPE OF WORK FOR MOSIC Housewife			KIND O USTRY	F BUSIN	ESS OR
USUAL RESIDENCE (# NURSING HOME 136. STATE 136 COI Maryland	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMI	13d INSIC	DE CITY LIMITS?	13e STREET ADDRESS 23 Berna	adott	e Co	urt		Ğ
4 FATHER'S NAME FIRST Samuel	MIDDLE	Maddox	15. MOTH	Belinda	WIDDLE		Lank	ford	ľ	
60 WAS DECEASED EVER IN U.S. / (YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? GIVE WAR OR DATES)	215-20-44		Pauline	601 Maide				IC	
gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	((0)	R AS A CONSEQUENCE Mceltifole ONTRIBUTING TO DEAT	RUH,	actions		ateurs NOITION	GIVEN IN	PART 1	0)	
190. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING		ITION FOR WHICH OPE			206 AUTOPSY?	20b. IF	YES, WER	E FINDI	NGS US	ATH?
OR CONTRIBUTION CALIFE OF	DEATH HOUR A	OF INJURY .M. MONTH DAY .M.		W INJURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 1	IB, PART I OF	PART 2)		
OR COUNTROLING CASE OF THE CAS		OF INJURY REET, FACTORY, OFFICE, FARM,	ETC.)	REET	CITY OR TO			UNTY		STATE
226.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did	00 10	10 800	, and that in	, 7	, toMay 2 death accurred on the			fram the		stated
226. SIGNATURE	lug (+	nxee Jot	DEGREE	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN [2		/22/	
22d. PHYSICIAN'S NAME (TYPE)		M. D.	22e. AD		N CHOICE L	ANE				

BP. DHMH - 16 25M

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

(VR A 15 (4)) 9/74

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the

at once.

236 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 236. DATE 05-26-80 23c. NAME OF CEMETERY OR CREMATORY New Cathedral 21229

23d LOCATION COUNTY Baltimore City

Maryland

74 FUNERAL DIRECTOR 21229

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF THE PARTY

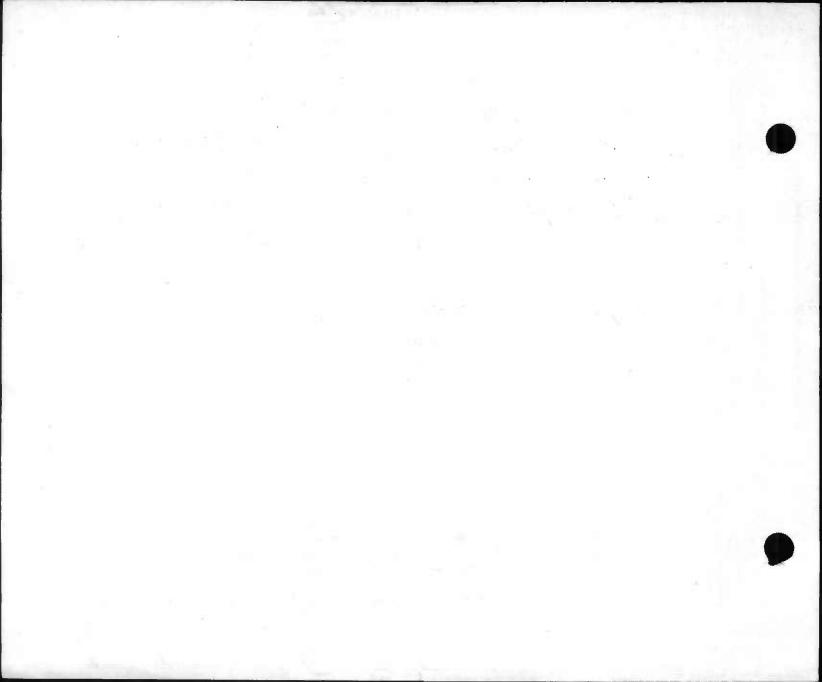
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	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0	1831
- 1		TEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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83		RTHPLACE (STATE OR FOREIGN DUNTRY)	OSA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO, C	DULT MD.
our after		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACILITY, GIVE STREET, 311 S. TAYL	G HOME OR OTHER INSTITUTION ADDRESS) OR AUE.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	NG LIFE) 12h KIND OF BUSINESS OR
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DING PHY ttending p After this s the buria th and Me marked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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TO HOSPITAL C retained by the hi TO FUNERAL Di should be detach with the State De IMPORTANT: If		JOHN B.	Little ton, M	1012 Old	North Point	Rd. 21224
BP	(BURIAL CREMATION REMOVAL	, come / 1 / co	PARE OF CEMETERY OR CREMATORY PARE LAWN	23d. LOCATION CITY OF TOWN	COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79	74 FI	NAME CONN	ELLY 300	MACE MA	FREC'R BY REGISTRAR 255	GISTRAR'S IGNUTURE

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			EASED NAME FIRST	MIDDLE		LAST		28. DATE OF DEATH	AONTH DAY	YEAR	2b. HOUR
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he k	2	TIE						YES NO NO	YES	_	NO 🗌
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Aft of se of the seelth	-1		22a I certify that (I) (this basp	tol) attended the deceased	from May	7 14	. 19_80_	May 14	1	80	that (I) (Me) last
TTEN pitol TOR for u	ı		saw the deceased alive on above (1) (34) (did) (d) 13/13/	May 14 of) view the body ofter death.	_19 <u>_80°</u>	_, and that in	(my) (auX apinion d	eoth occurred on the do	te ond hour o	and from the	couses stated
he be be			226. SIGNATURE	A) VICW THE DOGY ONE! GOOM.		DEGREE				22c. DATE	SIGNED
			Anylora (mn Arley		MD	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		5/1	4/80
HOSPITAL med by th FUNERAL uld be det to the Stote			224 PHYSICIAN'S NAME SYPE	OR PRINT	,	22e ADI	DRESS				
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of Of Short		23a B	URIAL, CREMATION, REMOVAL		23c. NAME		OR CREMATORY	23d LOCATION		OUNTY	
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DHMH-16 20M		_	NERAL DIRECTOR	ADDR	ress.		250 DATE	REC'D. BY REGISTRAR	SPARECIE !	ARECIDANT	ge E
(VRA 15, 4) 7/7	В		NONE	ADDI.			MAY 2	7 1200			

STATE OF MARYLAND



Home

uzdzinski Funeral

MIDDLE Wilbert

Henry

FOR

REGISTRAR

DECEASED NAME

- STATE

CTYPE OR PRINTS

DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

7407 Old Eastern Ave. MD

LAST Shiflett

REG. NO

MONTH

DAY

26. HOUR

HOURS

LAST

NO [

STATE

STATE

IF UNDER 24 HRS

2a DATE OF DEATH

Date . The County Commission . Indiana Date of County Coun Paryland williams Passes

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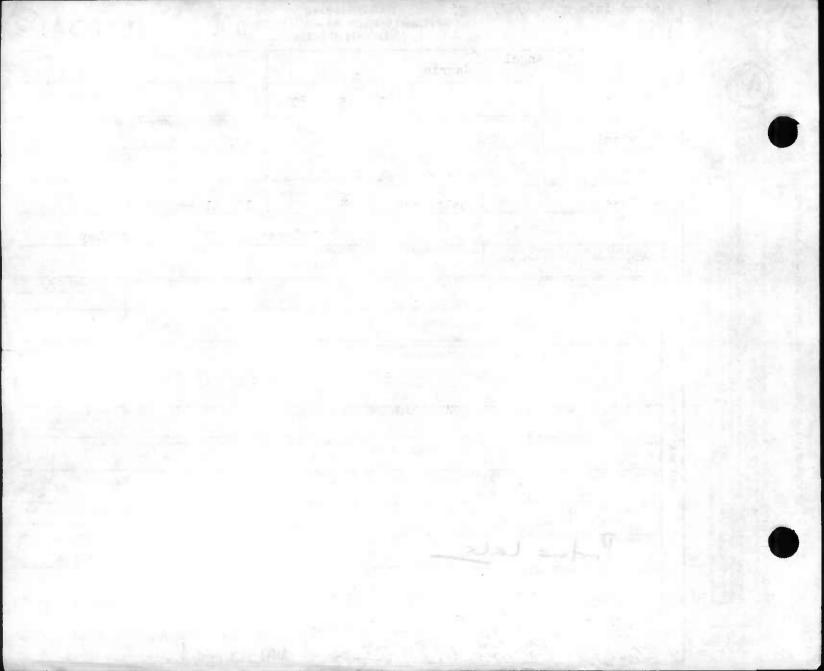
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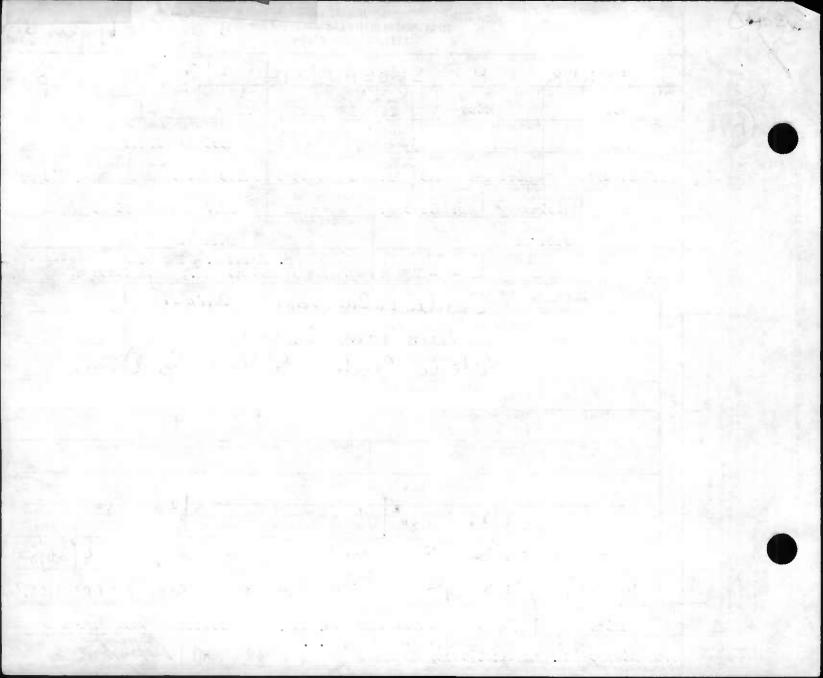
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pagresial or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and 2.1 is marked of item 10 shows only rightly, or other tradit
	TO HOSPITAL OF	should be detached with the State Depl	

· a		added in: FOR STATE	0 g74	+ 0/13/0	DEPARTA	LENT OF I	E OF MARYLAN IEALTH AND ME ICATE OF DE	NTAL HYG	IENE 8 0	1	1	3	3 4
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	3. SE	Female		4 RACE B		5 DATE O		80	& AGE (IN YEARS LAST I	PRTHDAY]	MONTH	DER I YEAR	IF UNDER 24 HRS
TZ hours die	C	RTHPLACE ISTATE O	RFOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MAI	RRIED [Baltimore city Baltimore			DEATH	N
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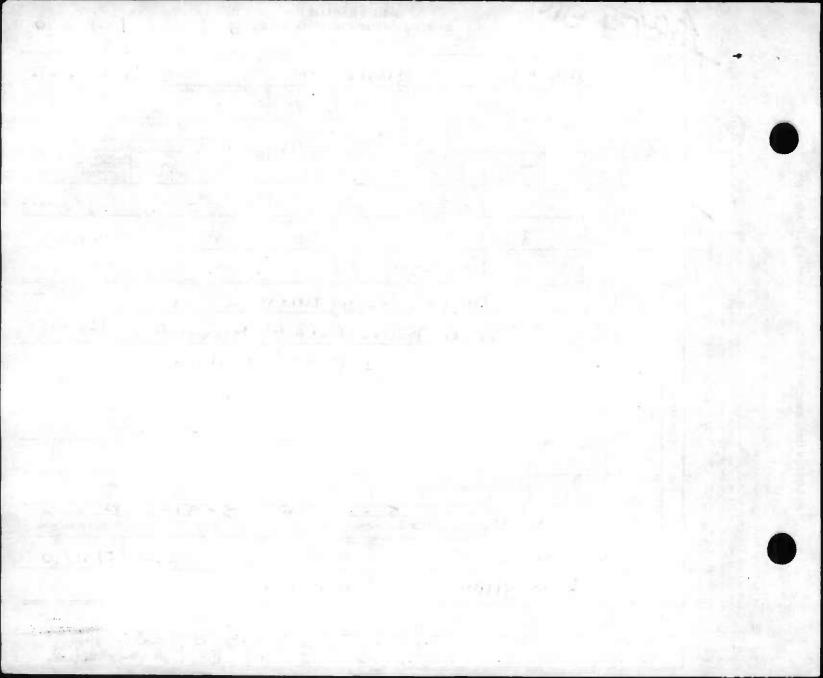


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ECT For us	saw the deceased alive a	on 19 80 Inot) view the body after death.	and that in (my) (our) opinion o	death occurred on the flate and hour	and from the couses stated
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the the standard are I	TYX"	- great	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6 30 80
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- 5 F # 3 ₹	230 BURIAL, CREMATION, REMOVA	L 236. DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY
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DHMH-16 25M	24 FUNERAL DIRECTOR / OPT 11	a Ruene Fineral Dines	tone P A 250 DATE		AR'S SIGNATURE
(VRA 15, 4) 1/79	8728 Liberty Rd.	, Randallstown, MD 21	133	N 2 1980 think	my Mc Credy



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- 8	in .		MALE	WHITE	MONTH	MAY 8, 1899	81 YRS				
VIII.	3		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	1 BALTIMORE CITY OR COUN	TY OF DEATH			
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non		10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS			
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and Ment			22a. L certify that (I) (this hasp	ital) attended the deceased from_	.5-	-28- 1980	105-31-	19 80 , that (I) (we			
ealth and Menta			saw the deceased alive or	5-31-	10.	nd that in (my) (our) opinion	death occurred on the date and h				
if Health and Menta			saw the deceased alive on 2 19 30, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.								
t. of Health and Ments tem 21 is marked or It			22b. SIGNATURE DEGREE								
Dept. of Health and Men If Item 21 is marked or			226. SIGNATURE				MEDICAL STAFF				
Dept. of Health and Men If Item 21 is marked or			226. SIGNATURE				DIRECTOR PHYSICIAN	- 5131/80			
Dept. of Health and Men If Item 21 is marked or	-		226. SIGNATURE R	OR PRINT)		PHYSICIAN [131/80			
Dept. of Health and Men If Item 21 is marked or	Name of the last o		226. SIGNATURE R			PHYSICIAN [- 13/31/80			
Dept. of Health and Men If Item 21 is marked or	- Landenburg	230	226. SIGNATURE R 700 226. PHYSICIAN'S NAME (TYPE C) SURIAL, CREMATION, REMOVAL	RPRINT) SHAH 1236 DATE 1236 P	NAME OF C	PHYSICIAN [1234 LOCATION				
Dept. of Health and Men If Item 21 is marked or	-	230	226. SIGNATURE R	123b. DATE 23c N		PHYSICIAN [н.	COUNTY MARY LAND			

STATE OF MARYLAND



executed within 24 hours ofter

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

DHMH - 16 50M 1/76 (VR A 15 (4))

YORK ROAD

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retained by the hospital or attending physicia

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral dir should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filed within 72 hou with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

L	STATE REGISTRAR			Sec.	CERTIF	ICATE OF DEATH	GIENG	REG. I	٧٥.		
	CEASED NAME E OR PRINT)	FIRST		MIDDLE		AST	20. DATE	OF DEATH	MONTH	DAY YEAR	2b. HOUR
	F	VELYN	N	1.	SIM	MS	X	May	13.	1980	4:35F
3. SE	X		4. RACE		5. DATE (6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	FEMALE		WHI	TE	MAY	14, 1906		73	YRS		HOURS MIN
	IRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTI	MORE CITY	OR COUN	TY OF DEATH	
	PA.		US	A	WIDOWE			TMO	RE C	OTINTRY	M
10 C	ITY OR TOWN OF	DEATH			IRSING HOME	OR OTHER INSTITUTION	12o. USU	AL OCCUPA	TION	12b. KIND (OF BUSINESS O
	TOWSON AL RESIDENCE (IF	ALLES AND SECULO	ST. JO		S HOSP	ITAL	HO	MEMAK	ER	OWN	HOME
MA	RYLAND	My COUN	NTY	1130 CITY OR	TOWN EMORE	13d INSIDE CITY LIMITS?	40	O WOO	DFOR	D ROAD	
14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN N		MIDDLE		LA	ST
	ANDREW		P.	MATTI	ERN	BLANCE	IE			HOOP	ËR
	WAS DECEASED E		MED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT		ADD	RESS		
1	NO	(# 165, 511	, wan on oares,	214 1	4 9773	WILLIAM E	C. FI	ELDS		SAME	ī,
	18 CAUSE OF D	EATH (Enter on	ly one couse per	line for (o). (b	ond ic Ca	rcinoma of				APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEAT	H WAS CAUSE	D BY: E CAUSE (o)	10	NA	11/11/11/11/11	//	0211	11.0	0.00	
	1517	MMEDIAI			- W	mxx with	Motos	tasis	-	9	175
	Conditions, if	Z	DUE TO, O	r as a consi	EQUENCE OF N	7 0000	12 11	2			
	gove rise to	immediate	167		COLI	111111111	mar.	an		_	
	couse to , s underlying c	toting the ause lost.	DUE TO, O	R AS A CONSI	EQUENCE OF					- 1	
			(c)								
z	PART 2. OTHER	SIGNIFICANT (CONDITIONS <u>CC</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISE	EASE OR COI	NOITION (GIVEN IN PART 1	0)
CERTIFICATION	19a DATE OF OP	COLLON	101 CONTO	TION LOOP 14	USU OBSBATIO		Local		T-01 15 1	Vec Mene en la	
5	196 DATE OF OP	EKATION	196. COND	IIION FOR WE	HICH OPERATIO	N WAS PERFORMED	ZUa A	UTOPSY?		YES, WERE FINDI RTIFYING CAUSES	
Ē							YES [- MAN		YES 🗌	NO 🗌
	21a. ACCIDENT WA	_	21b. TIME O		DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTE	R NATURE OF INJ	URY IN ITEM 1	IB, PART 1 OR PART 2)	
N N	(IF EITHER, NOTIFY A		P.,		19						
MEDICAL	21d. INJURY OCC		21e PLACE	OF INJURY	EICE EARL ETC)	21f LOCATION STREET		CITY OR TO	JWN	COUNTY	STATE
>	AT WORK	OT WHILE	(ATTIONE, STA	CEI, TACIORI, OF	rice, rakm, etc.)			CIII OK IC	,,,,,	COUNT	SIAIE
	22a. I certify tho	tXI) (this hospi	tol) attended th	e deceased fr	om // -	19	/1, to_	3 -	13	1987	that (IX(we) la
	sow the dec	eosed alive on	5-1		19 70 01	nd that in ([our) opinion	n deoth occu	urred on the	dote and h	nour and from the	
	72h SIGNAPURE		view the body	arter deoth.	000	DEGREE				22c DATE	SIGNED
	14	4 /	167	od,	m	ATTENDING	MEDIC	AL STA	AFF	<	17.00
1	ZZK PHYSICIAN	S NAME :	2000	MA	"	PHYSICIAN 22e ADDRESS	DIRECT	OR PHYS	ICIAN		13.86
	1 -11	The state of	A.F	GHI	LADI,	7/00 O	- 1 -	0	2	To an	2120
	17 19	, (3	14/21	401	M.D.	100000	26	K	21.	TOWSON	7
	BURIAL, CREMATI	ON, REMOVAL	23b. DATE			EMETERY OR CREMATORY		OCATION TY OR TOWN		COUNTY	STATE
	BURIAL		5/16/	80	BALTO.	NATIONAL	BA	LTO.	,		MD.
24. FI	UNERAL DIRECTO	RHENRY	W. TF	CNKTNS	& SON	S CO 250. DA	TE REC'D. B	Y REGISTRA	R 25b. RE.	STRAR'S SIGNAT	MRE .

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STATE OF MARYLAND

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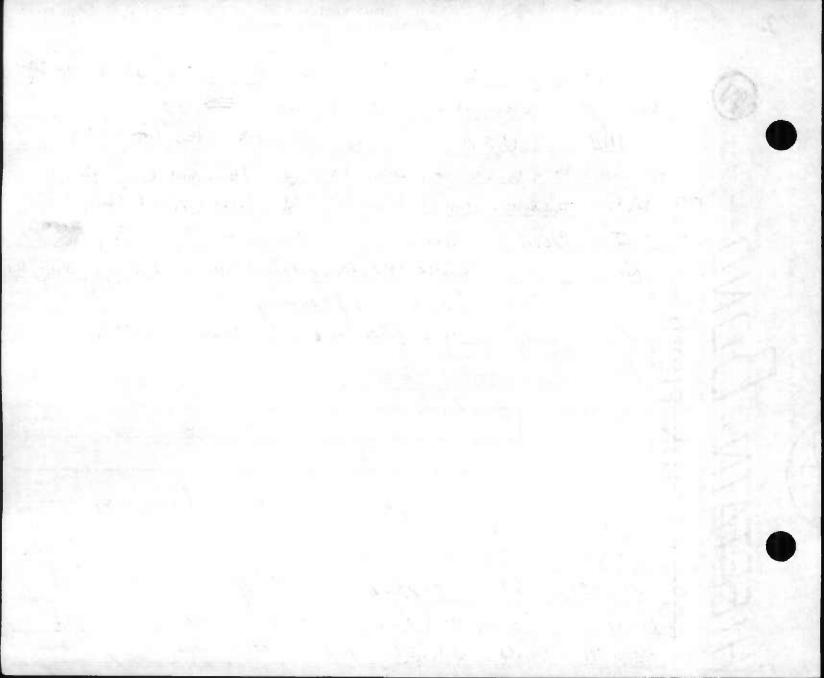
1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	REG. NO.	1 3 3 8
	CEASED NAME FIRST ORPRINT)	MIDDLE	LAST	THE DATE OF DEATH	DAY YEAR 26 HOUR
	John	J.	SISOLAK	May 18, 1980	12:00Am
3. SE.	M	4 RACE	5. DATE OF BIRTH	6. AGÉ (IN YEARS LAST BIRTHDAY) 7 / YRS.	FUNDER I YEAR FUNDER 24 HRS
	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? VSA	MARRIED NEVER MARRIED WIDOWED DIVORCED		
7 R	OSSVILLE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE FRANKLIN	NG HOME OR OTHER INSTITUTION TADDRESS)	128 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
5 13a, S	ATHER'S NAME FIRST	RALTO ROSEON	VN 134 INSIDE CITY LIMITS?	NAME MIDDLE	-LOWER
	MERICK	SISOLAK	ANGELA	ADDRESS	rk
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC (WAR OR DATES) 2 16 05		PRETTY 5	9 SALIX CT
		ly one cause per line far (a), (b), o			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO.		DUE TO, OR AS A CONSEOU		rminal disease or condition giv	ZEN IN PART 1(a)
CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
/ /	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		URRED (ENTER NATURE OF INJURY IN ITEM 18, F	PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a.l certify that (% (this haspi sow the deceased alive on above, % (we) (did) (did as	tal) attended the deceased from, May 18 1) yiew the bady after death.	07	, to May 18 on death occurred an the date and hau	
	226. SIGNATURE	Show	DEGREE ATTENDING PHYSICIAN		226. DATE SIGNED May 18, 1986
	224 PHYSICTAN'S NAME (TYPE O	larez, M.D.	9000 Fram	nklin Square Drive	, 21237
(BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23/	NAME OF CEMETERY OR CREMATOR ARDENS OF FAI	TH BALTO	COUNTY STATE
24 F	UNERAL DIRECTOR S.G. CONNEL	LY 30 PO	MACE 250 AM	AYEZ 3 1980 AAR 256	MES SHOULE 4

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE to sent the sent of the sent o And the first of the second of

1	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENB 0 1	1840
1. D	ECEASED NAME FIRST	a L.	Smink	20 DATE OF DEATH MONT	22 - 80 6 30 M
3. S	Fernale	4. RACE Caucasion	5. DATE OF BIRTH MONTH DAY YEAR 93	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
35 70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	U.S.A.	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or co	UNITY OF DEATH MD
55	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY GIVE STI	SING HOME OR OTHER INSTITUTION REET ADDRESS) GEN. GS	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	KING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
35	Md. Ba	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY . 13c CITY OR TO	S Hills YES NO X	13e STREET ADDRESS	rds Chapel Rd.
\$30	FATHER'S NAME	MIDDLE LAST NORK	15 MOTHER'S MAIDEN NA	AME MIDDLE	TAYLOR
16a	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SI ZIQ-16	0-5502 Mr. Eckhar	dt Smink	Divings Mills, M
event, the	PART I. DEATH WAS CAUS	nly one couse per line (a), (b), ED BY: (TE CAUSE (a)	da · respirator	y failur	BETWEEN ONSET AND DEATH
or ather traumatic	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	7	Dialeles	Mollity.
×			TO DEATH BUT NOT RELATED TO THE TERA		
8 shows ony injur	190 DATE OF OPERATION		ICH OPERATION WAS PERFORMED	YES NOS	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTICY MEDICAL EXAMINER			RRED (ENTER NATURE OF INJURY IN IT	EM 1B, PART 1 OR PART 2)
morked or frem	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21¢ PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
21 is	saw the deceased alive or	oital) attended the deceased from		death occurred of the date a	19, that (I) (we) lost nd hour and from the couses stated
IT. If her	Tuefu)	Duenen,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE 9 GNED
MPORTANT: If hem	WEIN	OR PRINTS ON	120. ADDRESS Beel	hours Cou	way yeu.
230	BURIAL, CREMATION, REMOVA	5-24-80 2	Soudon Ruk Umitar	23d LOCATION CITY PROWN Saltimor	
5 24.	FUNERAL DIRECTOR	hight Jagoress	-11 yrd 250. DA	ACCO. BY REGISTRAR 256. F	REGISTRAR'S SIGNATURE



executed within 24 hours off

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene priar to burial, crematian, or removal.

MPORTANT: If Hem 21 is morked or Item 18 shaws any injury, or ather traumatic event, the

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	STATE OF MARYLAND
FOR 1 - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENES
- STATE REGISTRAR	CERTIFICATE OF DEATH

REGISTRAR		CERTIFI	CALE OF DEATH	REG. N	0.			
1. DECEASED NAME FIRST	MIDDLE	LA	ST	20. DATE OF DEATH	MONTH D	DAY YEAR	26. HOUR	P
(TYPE OR PRINT)	1 May	S	picer		05	18 80	2:15	M
3. SEX	4 RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24	_
Female	White	12	20 O1	78	YRS.	AONTHS DAYS	HOURS	MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	□ NEVER MARRIED □	9. BALTIMORE CITY C	R COUNTY	OF DEATH		
Marvland	USA	WIDOWED		Baltimon	ce Co	unty		MD
CITY OR TOWN OF DEATH TOWSON	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Manor Care	REET ADDRESS)		TIZE USUAL OCCUPATION OF WORK FOR MOST OF Business	F WORKING LIFE	E) INDUSTRY	sam.C	
USUAL RESIDENCE (IF NURSING HOM 130. STATE 136 CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BE DUNTY 13c CITY OR TO Balti	NWC	134. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 4012 Wa.	lnut .	Avenu	9	
4. FATHER'S NAME FIRST Anderson	MIDDLE LAST Spi	cer	15. MOTHER'S MAIDEN NA FIRST Mary	ME Virg	inia	R	uby	
60 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE		17. INFORMANT	ADDR				
(YES, NO OR UNKNOWN) IF YES,	GIVE WAR OR DATES)	-4982	Gladys Blan	nev 40	12 Wa	lnut l	Avenu	1e
	r only one couse per line for (o), (b),					APPRO) BETWEEN	ONSET AND DE	AL EATH
PART I. DEATH WAS CAL		atory a	rrest			Grad		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO OR AS A CONSE	oma of	left lung			3)	vears	
PART 2. OTHER SIGNIFICATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	NT CONDITIONS CONTRIBUTING 1	TO DEATH BUT I	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES		(o)	
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU			NO []	
OR CONTRIBUTING CALLES OF	FDEATH HOUR A.M. MONTH		7.					
JIF EITHER, NOTIFY MEDICAL EXAMI 214 IN JURY OCCURRED WHILE AT WORK AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STAT	TE
22a.1 certify that (I) (the	on May 18 19 d not) view the body offer death.		arch 2, 1967 d that in (my) (Xr) opinion	deoth occurred on the c			that (I). (X	,
22b. SIGNATU	en m. t	,		MEDICAL STA			9/80	
S. J. Liu			1900 E. Nort	thern Parkwa	ay 2	1239		
236. BURIAL, CREMATION, REMO' (SPECIFY) Burial			emetery or crematory on Cemetery	23d. LOCATION CITY OR TOWN	n Ba	COUNTY 1 timo	re N	id.

BP. DHMH - 16 25M (VR A 15 (4)) 9/74

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

24 FUNERAL DIRECTOR
Lassahn Funeral Home

7401 Belair Road

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 2 1981

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5. J. Liu, H. P. 1900 E. Yorthurn Parlown: 21239

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMONE, MARYLAND 21201	=	e a nov
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	5 6	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furrestructure should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 boxes, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	O	O of
100	ATD HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.	- W S

BP.

DHMH-16 25M (VRA 15, 4) 1/79

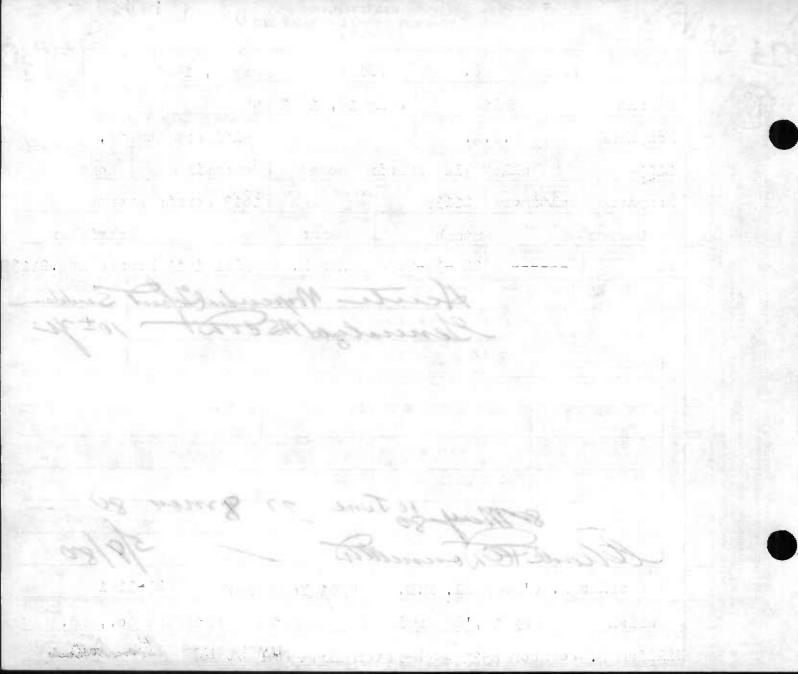
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

FOR STATE REGISTRAR

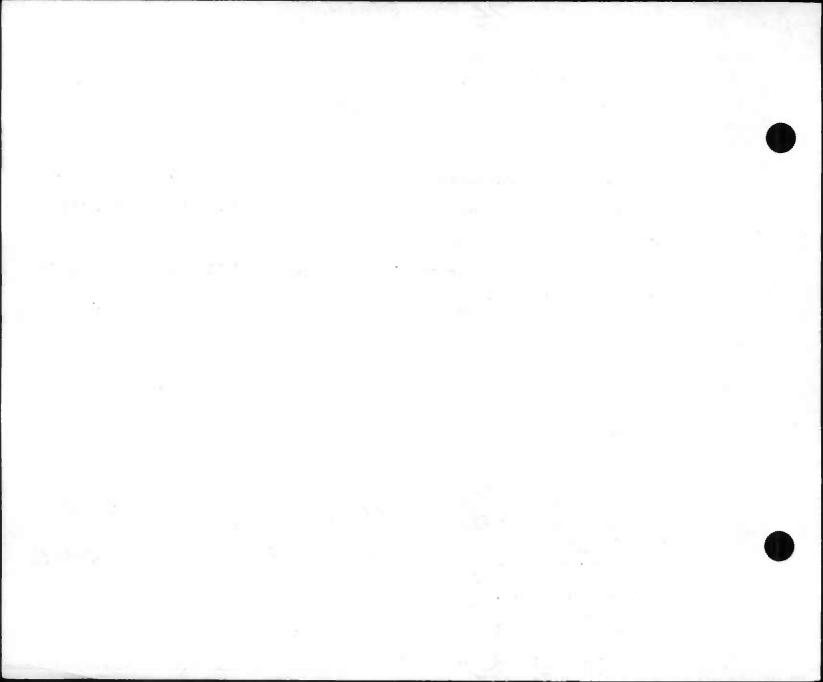
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				CERTIFI	CAILOI	PERTI		REG.	NO.			
DECEASED NAME	FIRST		MIDDLE	LA	ST		20 DATE	OF DEATH	MONTH	DAY	YEAR	26 HOUR
(VV Carrant)	EMMA		C.	S	PIES				1980		J. 1	
I. SEX	Marine 1	4 RACE		5. DATE O	F BIRTH	YEAR	& AGE (IN	YEARS LAST I	BIRTHDAY)	MONTHS	R I YEAR DAYS	IF UNDER 24 HR
Female		Whi-	te	Jul	y 16,	1882	97		YRS		DAIS	THOUSE MAN
BIRTHPLACE (STATE	OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	AAA DDIED	□ NEVER	MARRIED []	9 BALTIM	ORE CITY	OR COUN	TY OF DE	ATH	
Maryland		U.S	. A .	WIDOWE		NORCED [Bal	timo	re Co			,
21234	DEATH	Valle	HOSPITAL, NURSIN HFACILITY, GIVE STREET A VIEW N	GHOME O DORESS) UTSI	ng Ho	me me	120 USUA (TYPE OF WO HOU:	LOCCUPA ORK FOR MOS SEW1	ATION TOF WORKING Te	LIFE) 12b.	KIND OF	F BUSINESS C
Maryland	HURSING HOME OR BAI	other institution TY SIMORE	GIVE RESIDENCE BEFORE 21139		134 INSIDE	NO (2)	131 SZREE	JADDRES De	nnis	Avei	nue	
Georg	;e	AIDOLE P	Kutsch			S MAIDEN NA/	WE	MIDDLE		Sch	h ri (eber
WAS DECEASED E	VED IN ILS AD	MED FORCES?	186 SOCIAL SECUI		17 INFORM				ORESS			
No			220-34-	7654	Hele	n M. R	egni	er 1	613 I	enn:	is A	Ave.21
PART 2 OTHER	SIGNIFICANT C	(c) ONDITIONS <u>C</u>	R AS A CONSEQUE	DEATH BUT I								
190 DATE OF OP			ITION FOR WHICH	OPERATION	N WAS PERFO	DRMED	YES [TOPSY?	INCER	YES, WERE TIFYING O YES [AUSES	OF DEATH?
OR CONTRIBUTING	CAUSE OF DEA	P.	M. MONTH DA M.	YEAR		NJURY OCCURE	RED (ENTER	NATURE OF IN	JURY IN ITEM 1	B, PART I OR	PART 2]	
21d. INJURY OCC	OT WHILE T	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATI STREET	ON		CITY OR I	TOWN	COU	NTY	STATE
saw the dec above, it is 77h SIGNATURE	eased alive on	E HC	dier denth.		en .	ATTENDING PHYSICIAN	MEDIEW	5	TAFF .	1	roth the c	that (I) (me) for couses stated SIGNED
Charl	es F .		nell, M.	D.	220 ADDRE 750		Road	d	823	3-316	61	
Burial, CREMATION Burial		236. DATE May 10				crematory Cemet	CITY		imore	COUNTY	. , 1	Md.
illiam E		nson 8	ADDRESS 521 Loch	Rav	en Bl	VO - MA	Y 1 2	REGISTRA	R 75h REG	TRAR'S S	ALE!	Raschy



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10	/	1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	YGIENE O	0.	3 4	3
	m 5		CEASED NAME FIRE OR PRINT)	ST	MIÖOLE	L	AST	20. DATE OF DEATH	MONTH OAY	YEAR	26 HOUR A
	tor, page 3			oria	Α.	Sto		May 4			12:30 M
	d. Terr	3. SI		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THOAY) IF U		IF UNDER 24 HRS
	recto urs o	I	FEMALE	WHITE		_	13, 1 929 YEAR	50	YRS.		
	1850000		IRTHPLACE (STATE OR FOREIGH		WHAT COUNTRY	MARRIE	NEVER MARRIED	BALTIMORE CITY	R COUNTY OF	DEATH	
	1 1 1 1 1 1 1	4	NEW YORK	USA		WIDOWE		Baltimo	re Coun		MD.
	1	10. 0	IIT OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREE	T ADDRESS)	R OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE)	INDUSTRY	BUSINESS OR
201	c 6 € 624	1181	Towson AL RESIDENCE (# NURSING H	St.	Joseph 1	Hospit	al	SERVICE RE	P.	PHONE	CO.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	ly filled in should be rer must be	13a MA	RYLAND 13b	COUNTY	BALTIMO	VN I	136. INSIDE CITY LIMITS? YES NO	1331 HEATH	ER HILL	RD.	21 239
K	e ~ E	14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME		LAST	
¥	omplete l ond 2	2	JOHN		RIOSA		DOROTHY			RANSTO	ON
O. E.	n and c	160		LS. ARMED FORCES? (ES, GIVE WAR OR DATES)			17 INFORMANT	ADDR		"	01000
e a			NO		212-28-	3/23	JOSEPH A. S	TAHL 1331 HE	ATHER H		
1 N	ysiciol opers.		18 CAUSE OF DEATH (Er	nter anly ane cause pe	r line far (a), (b), a	nd IC!!	10		-	BETWEEN O	MATE INTERVAL INSET AND DEATH
ST.,	ng physican population of the move			NEDIATE CAUSE (0)	Caraco	noma	of Bears, 1	nearlaba le	nun	3	year
<u> </u>	e attendin move carb totion, or troumotic		1/1/		R AS A CONSEQU	ENCE OF	U				
ES.	e att move notio		Conditions, if any, whi gove rise to immedia	ate							
*	d by thi leose rei iol, crem or other		cause (a), stoting to underlying couse la	the DUE TO, C	R AS A CONSEQU	ENCE OF					
201	v 0 0 -		PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	DITION GIVEN	IN PART 1/a	1
SOS.	sign Then g to bu	8		nlar				The Broken on Co.			
Ö.	been been prior ony in	18	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
¥ :		CERTIFICATION	None					YES NO	IN CERTIFYIN		NO [
5	Sylve Solve	_	210. ACCIDENT WAS UNDERLYED OR CONTRIBUTING CAUSE		OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	OR PART 2)	
o j	certification of plants of the	S			.M.	19					
VISIO	the little ond ced c	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
5	ol or of or or use os Heolth is morth	1	220 certify that (I) (this	hospital ottended th	he deceased from.	4	16 19 8	0 to 45/4	. 19	801	ha (I) (we) lost
	Pertol TOR for u	4	sow the deceased all abaye (1) we) (didV	and not) view the bady	19_	80, on	d that in (my) (our) opinio	an death occurred on the d	ote and hour ar	nd from the c	auses stated
	hospi likeCT ched fo sept of them 2		22b. SIGNATURE	7	1	[DEGREE	./		22c DATE S	
	AL Deto		In	bu 5 fem	lum	mis-	ATTENDING PHYSICIAN	MEDICAL STA		5	-4-80
	od by	1	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	177	V	22e ADDRESS				
3	reformed by the Applicator of the Application of th		Luke Ter	rry, M.D.			7620 York	Road, Tows	on, Md.	2120	4
,	₹ 6 F 2 3 ₹	23a.	BURIAL, CREMATION, REM			NAME OF C	METERY OR CREMATOR	CITY OR TOWN	COL	UNTY	STATE
9/3	BP		CREMATION	MAY 7	1980	GREEN	MOUNT CEM.	BALTIMO	REO ,	K. OM	
11	DHMH-16 20M		UNERAL DIRECTOR		ADORESS			ATE RECO. BURE STRAR	251-RECISTRA	I'S STUNNATU	JRE*
	(VRA 15, 4) 7/7B		AITCHELL-WIE	DEFELD HOM	E 6500 Y	ORK RD	•				



. /			STATE OF MARYLAND	
72		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1 8 5 5
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	1 0 5 5
		CEASED NAME FIRST		ONTH DAY YEAR 26 HOUR
SE. S. S. T.	(ITP	ANTHON	Y MARTIN STARK, OF ESTI-	5/7 1980 AM
PLEASE ECTOR. FILES. HOURS	3. SEX		ALL OF BIRTH	HATH YEAR 2d HOUR
		mw	9/20/93 86 YRS. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	17 19 Ste A M
- Sak Maria	20 BI	RTHPLACE (STATE OR 76. C	CITIZEN OF WHAT COUNTRY?	
NECESSARY,	FO	REIGN COUNTRY)	V S A WIDOWED DIVORCED BACTO	COUNTY MD.
D. 21201 H. IF ANY DELAY IS NE 2. AND 3 TO THE 3. RETAIN PAGE 2. SHOULD BE FILED AL RECORDS, 301	10. CI		NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF W	VORK 112b. KIND OF BUSINESS
A THE		FSCFX VI	IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
DEL 3 TO N BE 10S,	USUA	L RESIDENCE (IF IN NURSING HOME OR OTHE	TIZ W MARLY W CIVIL ENGINEE RINSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	[
SOUTH SOUTH	13a. S	TATE 136. COUNTY	136. CITY OR TOWN 138 INSIDE CITY LIMITS? 138. STREET ADDRESS	
21201 F AND P, AND SHOUL SHOUL I RECO	11.5	W. VA UNK		
RE, MD. DEATH. SES 1, SES 1, AND AND AND AND AND AND AND AND AND AND	14. 17	THER'S NAME FIRST MIDI	DIE LAST 15. MOTHER'S MAIDEN NAME MIDDLE	tAST
ORE, MD. RE DEATH AGES 1, DRM PM 1 AND 2	-	HENRY 5	TARK EDITH SLEETH	
MORE,	16a. V	(AS DECEASED EVER IN U.S. ARMED F S, NO, OR UNKNOWN) (IF YES, GIVE WAR OF	R DATES)	
E SERVE		UNK	UNK ANDREW STARK 512	- N. MARYN
DURS DURS 18. G WIT PA		18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	cause per line fgf)(o), (b), and (qf)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DI W. PRESTON ST., HED WITHIN 24 HOU EXAMINER ALONG V AL. TRANSIT PERMIT. ARL TRANSIT PERMIT. OR REMOVAL.		IMMEDIATE CA	USE (a) Hence Pryo Cardi Inforce	100
PRESTON VITHIN 24 CIL IN TE/ INER ALO? ANSIT PER MOVAL.		410-	DUE TO, OR AS A CONSEQUENCE OF	
UTED WITHIN IN PREST EXAMINER EXAMINER EXAMINER OF RALF RANSIT OF REMOVAL		Conditions, if ony, which gove rise to immediate	(b)	
ED W. PENC CAMINALTRA		cause (a) stoting the <u>under-</u>	DUE TO, OR AS A CONSEQUENCE OF	
S, 301 W. PREST RECUTED WITHIN S'' IN PENCIL IN AL EXAMINER A BANG MERL-TRANSIT AND MENLAL TRANSIT ON, OR REMOVAL		lying couse lost.	(c)	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
FAL RECORDS, HOULD BE EXE TO "PENDING" HEF MEDICA USED AS A B OF HEATH AN	Z	NAME OF THE PARTY.		
REA HEA	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
DIVISION OF VITAL REGISTRES SHOULD STITING THE WORD "PER NDED TO THE CHIEF A NDED TO T	윤			YES 🗆 - NO 🗆
CERTIFICATE SHO TING THE WORD DED TO THE CHI SEA SHOULD BE US TO PRIOR TO BURIAL.	ER	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART)	
N N N N N N N N N N N N N N N N N N N	ALC	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	
CERTIFICATION THE SECTION THE	DIC	CONTRIBUTING CAUSE OF DEATH	H P.M. 19 21e Place of Injury (at home, 21f. location	
DIVI SCE RITIN RDEE RE 3 E 3 F DE	WE	WHILE DOT WHILE DAT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
DIVISIONER: THIS CERT CATE, WRITING FORWARDED OR. PAGE 3 SHOW FREE STATE DEPAGE 10, 21201 PRIOR PAGE 1201 PAGE 120		AT WORK AT WORK		
FOR POR: O, 2	1	22a. I certify that I taak charge af t	he remains described above, held an Autapsy 🔲, Inspection 🔀, Inquiry 💹, and in t	my apinion
L EXAMINE E CERTIFICA OULD BE FR L DIRECTOR H, WITH THE MARYLAND,		death resulted from: Natural car	uses Accident . Suicide . Homicide . Undetermined manner .	1 1
ARY WITH		ACTUAL ADAM	TITLE (SPECIFY)	0/0/0
A HOHE		SIGNATURE		SIGNED 3 / 7 /870
DIC NER OREA		EXAMINER'S NAME	Allena Alando DOM	1 0/1/2000
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERA DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213		(TYPE OR PRINT)	A A COWAL (1) ADDRESS 2 12, Dundalk	00 204 1/222
PAY DAY DAY	23a.B	JRIAL, CREMATION, REMOVAL 236. DA		COUNTY STATE
BP		REMOVAL	3/7/80 ST. BONIFACE CEM CAMOEN WIL	100
DHMH - 17	24. F	INERAL DIRECTOR	ADDRESS 25a. DATE REC'D. BY REGISTRAR 25b. REC 514	
(VR A15 ME (5)) 15M 7/77	J	& CONNECLE	300 MACE MAY 1 3 1980	Fry McCready

	MARKET STORMON TO	
	W 10 11 0	
	F(E)4	53.3
3 22 3/19/3 3 3 3/19/3	3-7-7-7 JULY 1-4 1-3-1-5	
LONG DAG TO SHALL	mall contract of the	A NASH
EMILE SLEET IN	Street.	TAREN.
Andrew States of the Workships		25.0
AND PROPERTY AND AND AND AND AND AND AND AND AND AND		
	- 1 Parks 5-78 3	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in Invitershould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

within 24 haurs ofter death. Page 4 may be

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		40		REG. NO.	
1 DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	H DAY YEAR 25 HOU
CATHER	TNE G.		STEHLT	May 9, 1980	D'P.M
3 SEX	1 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	Jan	. 18 ^{PAY} 1888 ^{AR}		MONTHS DAYS HOURS MIN
BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(2 8	ED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
Maryland Maryland	USA	WIDOW	SO NORCED	Baltimore Cou	inty MD.
18 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND OF BUSINESS OR
Catonsville	Summit Nursi	ng Hom		Saleslady	Retired
USUAL RESIDENCE (IF NURSING HOME O 13a. STATE 100 COUL Maryland		WN	134 INSIDE CITY LIMITS?	4902 Parkton	Court
14 FATHER'S NAME			15 MOTHER'S MAIDEN NA		
James	Reynolds	- 8	Rebecca	WIDDLE	Andrews LAST
160 WAS DECEASED EVER IN U.S. AF	C WAR OR DAYES		17 INFORMANT	ADDRESS	
no	215-07-	4287	Virginia R.	Stehli, 4902	Parkton Ct.
LO CALISE DE DEATH STATE	la de la companya de la companya de la companya de la companya de la companya de la companya de la companya de				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	nly ane couse per line for (a), (b), c ED BY:	Can	leen as	UD, advan	BETWEEN ONSET AND DEATH
IMMEDIA	TE CAUSE (o)	-		vy	
4292	DUE TO, OR IS A CONTEG	UENCE OF	1 1-1	110 . 11 -	N
Conditions, if ony, which	(b) Ceres	1000	lizable C	U ded van	cef
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEO	LIENCE OF			
underlying couse last	Jose To, GRAD A COLLEGE	OLINCE O			
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE OR CONDITIO	N GIVEN IN PART 1/5:
	CO. 10 11 0 10 CO. 11 10 10 10 10 10 10 10 10 10 10 10 10	<u> </u>	THE TENTE OF THE TENT	W. ALDIOLAGE ON CONDINO	TO THE TOTAL CONTRACT OF THE TOTAL CONTRACT ON THE TOTAL CONTRACT OF THE TOTAL CONTRACT OF THE TOTAL CONTRACT
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	20g AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
5					CERTIFYING CAUSES OF DEATH?
E	3 00 Tive OF NUMBY		The Manual Control	YES NO	YES NO
		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINER		19	24		
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION STREET	CITY OF TOWN	COUNTY STATE
WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	SIREE	CITY OR TOWN	COUNTY STATE
22s.1 certify that (II (III)s hosp	ital attended the decored from		9/17 10 76	to 5/9	19 80 , that (I) We lost
sow the described white or	5/7 10	470	nd that in (our) opinion	death occurred on the date on	d hour and from the couses stated
22h 97 DESCRE	of view the body fite 18oth	1	DEGREE		22c. DATE SIGNED
Wales I	I Kent	ia	MI ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	5710180
22d. PHYSICIAN'S NAME (1991)	(t (tivi)	- 3	220 ADDRESS	The state of the s	//
Dr. Herbert	J. Levickas		5404 East D	rive, Arbutus	, Md.
230 BURIAL, CREMATION, REMOVAL		NAME OF C	L CEMETERY OR CREMATORY	-	

BP. DHMH - 16 60M 1/75 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

Burial

Loudon Park Cembtery

Baltimore,

Maryland

1 5/13/80 1630 Edmondson Catonsville, Md256 DATE REC'D.
P.A. 21228 MAY 1 4 BY REGISTRAR 256 BESISTRAR'S SCHATURE Ave., 4 Witzke Catonsville Funeral Home, P.A. 21228

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	nue Desmuse Coun			Distance of
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di mdita	S - plinest.		219-47-42	
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5/19	, outlier . Lealing.	THE SHALL	Salar and	4107
	The state of the s			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL H
- STATE REGISTRAR	CERTIFICATE OF DEATH

STATE OF MARYLAND				- 1	- 400
ARTMENT OF HEALTH AND MENTAL HYSTENE	- 1	1	3	4	5
CERTIFICATE OF DEATH	050 NO		-		

REGISTI	RAR				CERTIF	CATE OF DEATH	REG. N			
1. DECEASED N (TYPE OR PRINT)		FIRST EMORY	,	L ee	ST	INCHCOMB	20 DATE OF DEATH	5 18	NAY YEAR	26 HOUR 6:10P
3. SEX mal	e	4	RACE white		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	· done	IF UNDER I YEAR	IF UNDER 24 H
Balto		reign 7	USA	WHAT COUNTRY?	MARRIEE WIDOWE	X NEVER MARRIED	9 BALTIMORE CITY 9 Baltin	orcounty nore Co		
10. CITY OR TO	n		Greate:	r Baltimo	re Med	rotherinstitution dical Center	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Traffic E	OF WORKING LIFE) INDUSTRY	F BUSINESS
Maryl	and	NG HOME OR COUNT Bal	Υ	GIVE RESIDENCE BEFORE 134. CITY OR TOWI TOWSON	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔏	13e STREET ADDRESS 1114 Cha		Road	
E	mory		Lee	Stinchcon		15. MOTHER'S MAIDEN NA/ FIRST Alethia	Stew		Robin	nson
160 WAS DECE (YES, NO OR U	INKNOWN)	(IF YES, GIVE \	WAR OR DATES)	212-10-05	593	Mrs. Catheri		chcomb		Charmu
NOI	E OF OPERAT				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS USED	
ORCONIT	IDENT WAS UNDER IBUTING C.	Р.	M. MONTH DA M.	YEAR	21c. HOW INJURY OCCURE				NO [
WHILE AT WORK					ARM, ETC.)	211. LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
saw obo	22a.1 certify that (1) (this hospital) attended the deceased from 3/25 19.80 to 5/18 19.80 , that (1) (so saw the deceased alive on 5/18 19.80 , and that in (my) (our) opinion death occurred on the date and hour and from the causes sto obove, (1) (we) (did) (did not) view the body after death.									
226. SIG	PHY					フトにっぱトト			1 / / (1) A T F	
	Cl	h e	21/			ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 🛣		SIGNED 9-80
22d. PHY	SICIAN'S NA			n, M.D.		ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR □ PHYSI	ICIAN 🗵	5-1	9-80
23d. BURIAL, C (SPECIFY) Cremat 24. FUNERAL E	SICIAN'S NA Char REMATION, F	rles (23b. DATE	23c N	NAME OF C	ATTENDING PHYSICIAN [220 ADDRESS 6701 N. Ch	DIRECTOR PHYSI	Towson	5-1 , Md.	9-80 21204 STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

retained by the hospital or attending physician

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	7		
	/		

completely filled in by the 1 and 2 should be filed with

any injury, or other traumatic

is marked or Item 18 shows

IMPORTANT: If Item 21

STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIEN
CF	RTIFICATE	OF DEATH	

1	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	HENE ()	REG. NO.	1 3	4	0
	CEASED NAME EOR PRINT)	Mildre		J		nchecum	May 2	24, 1980		AR	26. HOUR 12:15 P M
3. SE	x Female		RACE White		5. DATE C		6 AGE (IN YEAR 73	S LAST BIRTHDAY)		YEAR DAYS	IF UNDER 24 HRS HOURS MIN
M	IRTHPLACE (STATE OR F OUNTRY) aryland		U.S. 2		WIDOWE			nore Cou		/H	MD
T	ITY OR TOWN OF DE		St Jos	HFACILITY, GIVE STREET.	ital	OR OTHER INSTITUTION	12a USUAL OC TYPE OF WORK FO House	OR MOST OF WORKIN			BUSINESS OR
13a Ma:	AL RESIDENCE LIFNUR STATE ryland	1136 COUNT		GIVE RESIDENCE BEFORE 136. CITY OR TOW Phoenix		13d. INSIDE CITY LIMITS? YES NO 3		DORESS	nd Rd		
	Ernest			laggett.		15. MOTHER'S MAIDEN NA FIRST Ida		MIDDLE	Watki	ns	
	WAS DECEASED EVER YES, MOOR UNKNOWN)	(IF YES, GIVE W		820-03-68		Mrs Ida B	Combs	ADDRESS	Same		
	PART I. DEATH V And Conditions, if any gave rise to im cause (a), statiunderlying cause	MAS CAUSED IMMEDIATE , which mediate ng the	BY: CAUSE (a) DUE TO, O (b)	R AS A CONSEQUE	NCE OF	tany A.	Irmia			WEEN OF	NATE INTERVAL NSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D HCVD, MITRAL ST. 196 DATE OF OPERATION 196. CONDITION FOR WHICH C				, c	HRONIC VENT	RICULA 20a AUTOP	R 1RR1		MDIN	GS USED
MEDICAL CER	218 ACCIDENT WAS UN OR CONTRIBUTING [] IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	Ρ.	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM	18, PART I OR PA	RT 2)	
MED		THILE C		EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		ITY OR TOWN	COUNT		STATE
	22a. I certify that (I'	(this hospital	aftended th	e deceased fram	-11	6 19.58	10	27		<u> — . Н</u>	hat (1) (we)-fast

226_SIGNATURE

22n. ADDRESS

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

23b. DATE

231 NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OF TOWN

and that in (my) (over) apinian death occurred an the date and haur and fram the causes stated

COUNTY

STATE

DHMH-16 25M (VRA 15, 4) 1/79

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior

After this certificate has

TO FUNERAL DIRECTOR:

Burial 5/28/80 Druid Ridge
14 FUNERAL DIRECTOR
Leonard J Ruck Inc. Baltimore, Maryland

Baltimore 250. DATE REC'D. BY REGISTRAR 256.

CONTRACTOR OF THE STATE OF THE

		FOR	DE		OF MARYLAND	AL HYGIENE	1 12 1 2
1		STATE REGISTRAR	MEDI	CAL EXAMINE	R'S CERTIFICAT	E OF DEATH REG. N	0 4
S S S F T ,		EASED NAME FIRST CORPRINTE	Daugher	ty 5	+RADER	20. DATE KNOWN OF ESTI- DEATH MATED [MONTH DAY YEAR 26 HOUR 35 27 19 80 450 M
NECESSARY, PLEASE UNDER DE MACTOR. S FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	3. SEX	Isle White	5. DATE OF BIRTH	YEAR LAST BIRTHDAY) 12 67 YRS.	IF UNDER 1 YR. IF UN	DEAD	S 72 1980 450 M
FOR Y WITHIN	FO (RTHPLACE (STATE OR REIGN COUNTRY) DK Lahoma	76. CITIZEN OF WHAT	. F		ORCED Sal	OF COUNTY OF DEATH
	Por	Krille Maznzy	SE SE C	TY, GIVE STREET ADDRESS)	21234	120. USUAL OCCUPATION (TV FOR MOST OF MORKING LIFE)	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
21201 IF ANY D 2, AND 3 SHOUN I RECORD	USU A 13a. S	L RESIDENCE (IF IN NURSING HOME TATE 136. CB)	OR OTHER INSTITUTION, GIVE R	ESIDENCE BEFORE ADMISSION STORY OF TOWY	YES NO	8 8658 BAK	ed 2024
E, MD. 2 BEATH. II ES 1, 2, 1 R PM 3, 3, 1 R PM 2 S	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S M	AIDEN NAME	LAST
DEATI DEATI		Harry Jam		Strader	E11a	Lee ADDRES	Daugherty
BALTIMORE, MD. 2120 URS AFTER DEATH. IF AN AN UNTH FORM PM 3. REF WITH FORM PM 3. REF FACES 1 AND 2 SHOULD INVISION OF WITH REC		(AS DECEASED EVER IN U.S. AR S, NO, ORUNKNOWN) (IF YES, GIVE	WAR OR DATES)	444-10-777		ldred O Strader	Same
W. PRESTON ST., D WITHIN 24 HOL ENCIL IN IEM 18 AMINER ALONG 1 TRANSIT PERMIT. TRANSIT PERMIT.		18. AUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last.	TE CAUSE (a) DUE TO, OR AS	A CONSEQUENCE OF	roter Car	dis Vasculer F	APPROXIMATE INTERVAL BETWEEN ONSIG ANDOEATH WHO APPROXIMATE INTERVAL BETWEEN ONSIG ANDOEATH
LRECORDS, 301 UID BE EXECUTE "PENDING" IN PE EF MEDICAL EX, ESTO AS A BURIAL HEALTH AND MI HEALTH AND MI	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITION GIVEN	IN PART 1 (a).	
₹ 5599940<	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERAT	TION WAS PERFORMED?		20. AUTOPSY? YES □ NO □
VISION OF VI		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.	AONTH DAY YEAR		URRED (ENTER NATURE OF INJURY IN ITEM T	8 PART T OR PART 2)
DIVISIO E: THIS CERTIING E, WRITING FWARDED T PAGE 3 SH STATE DEPAI 21201 PRIOR	MEDICAL	21d. INJURY OCCURRED WHILE TO TWHILE (AT WORK AT WORK	21e. PLACE OF STREET, FACTOR		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
EXAMINER CERTIFICATION OF FOULD BE FOULD BE FOULD BE FOULD BE WITH THE WARYLAND,		22a. I certify that I taak chardeath resulted fram: Natu		bed abave, held an ccident , Suici		Undetermined manner	DATE SIGNED
TO MEDICAL EXECUTE THE PAGE 4 SHC FO FUNEATH AFTER DEATH BALTIMORE, A	1	EXAMINER'S NAM (TYPE OR PRINT)	TOHN (Hyle	ADDRESS 7		Red Berlling Ched
PAC PAC	23o. B	URIAL, CREMATION, REMOVAL		23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial UNERAL DIRECTOR	5/27/80	Gardens	Of Faith	Baltimore ATE REC'D. BY REGISTRAR 256.	Maryland GISTRAR'S AGNATURE
DHMH - 17 (VR A15 ME (5)) 15M 7/77	24.1	Leonard J Ruck	Inc. Balt.	imore, Mary		AY 2 7 1980	pay Me Greaty

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executed within 24 hours af ATTENDING PHYSICIAN: The law requires that the death certificate be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event

STATE OF MARYLAND

1.	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	IENE O	!!	3 4	8
	CEASED NAME FIRST CORPRINT) BLAA	ICHE	A.	57	REETT	26. DATE OF DEATH	5 -2/	1-80	8 2 5 M
3. SE	X	4 RACE		S. DATE C		& AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
	FEMALE	WHIT	E	MARCH	17, 1889	91	YRS.	ONTHS DAYS	HOURS MIN
C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED D	BALTIMORE CITY O			MD.
-	ANDALSTOWN	(IF NOT IN SUC	HEACILITY GIVE STREET	NG HOME C	VERAL HOSP.	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOMEMAKER	OF WORKING LIFE)		BUSINESS OR
130	AL RESIDENCE (IF NURSING HOME OF TATE 13) COU PENNA .	OR OTHER INSTITUTION INTY	GIVE RESIDENCE BEFOR 13c. CITY OR TOV HANOVER	VN	13d, INSIDE CITY LIMITS? YES A NO	130. STREET ADDRESS RD 6 BOX	132		1919
	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM			LAST	
_	CORNELIUS GRAN		DELPHEY		LAURA	CORNEL		HILDEB	RANT
16a \	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GP	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECT		17 INFORMANT	ADDR			
	NO		216-05-8	3775D	VIVIAN S. LED	DON 503 MUE	DOCK R		212
NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEQU		Usesmia NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	SN IN PART 1(0)	earo
CERTIFICATION	198 DATE OF OPERATION	1% COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING ING CAUSES O	
MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	216 HOW INJURY OCCURE				
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY HEET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220. I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did not alive). SIGNATURE Soon C. 22d. PHYSICIAN'S NAME (TYPE: SOON CHU	n 5 - 1 ot) view the body	19_		DEGREE ATTENDING PHYSICIAN 220 ADDRESS Baltimor	MEDICAL STA DIRECTOR PHYSIC	FF V		
23a (BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	MAY 23		U	EMETERY OR CREMATORY ND MEMPRIAL PK	234 LOCATION CITY OF TOWN	BALTI	COUNTY	MD. STATE

DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR ADDRESS MITCHELL-WIEDEFELD HOME 6500 YORK RD.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 2 7 1980

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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL ET! A retained by the hospit.	TO HOSPITALEST ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 miretained by the hospital or attending physician.
TO FUNERAL DIREC should be detached for with the State Dept. o	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	CEASED NAME FIRST OR PRINT)		AIDDLE			28 DATE OF DEATH MONTH DAY			YEAR 25 HOUR		
	Dr. D.	, C	orbin	ST	REETT	MAY 1,	1980		12:1		
3 SEX 4 RACE			5 DATE O		& AGE (IN YEARS LAST BE	RTHDAY) IF L	INDER I YEAR	IF UNDER 24 I			
Male Whit		te	Mar		93	YRS.		HOURS			
76. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF			WHAT COUNTRY	2 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH			
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LIE NOT IN SUCH			HOSPITAL, NURSI		ROTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST		126. KIND C	F BUSINESS		
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14 FATHER'S NAME					15 MOTHER'S MAIDEN NA	ME					
David MODIE			Streett		Sarah	Fusselbaugh					
I ME WAS DECEASED EVER IN U.S. ARMED FORCES?			166 SOCIAL SEC		17 INFORMANT	ADDI					
141	ES, NO OR UNKNOWN) (IF YES, GIVE	I	220 24	6490	Peter G.	Streett	Balto.	, Md	•		
ATION	Conditions, if ony, which gove rise to immediate cause lai, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	(c)ONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	0					
190 DATE OF OPERATION 196 CONDITION 198 COND							IN CERTIFYIN	IG CAUSES			
AL.	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A	PEINJURY M. MONTH (M.	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 18, PART	OR PART 2)			
#	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OR TO) J	COUNTY	STATE		
	22a L certify that (1) (this hospit saw the deceased olive on obove, (1) (we) thin (did not 22b SIGNATURE	4/29	180 19		d that y (my) (aur) opinion o	death occurred on the	date and hour or				
	224. PHYSICIAN'S NAME ITYPE OF	V DU	unn		ATTENDING _	DIRECTOR PHYS		37	1/80		
	Dr. Kevin G	uinn.	M.D.		1205 York	Road Ba	to. M	d. 2	1093		
(5	urial, cremation, removal Bu rial	236. DATE 5/3/	0		Mount	23d LOCATION CITY OF TOWN Balto.		UNTY	Md.		
	NERAL DIRECTOR Henry	W. J	enkins			E REC'D. BY REGISTRA		'S SIGN'			

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	es	ed be
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	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2ª DATE OF DEATH MONTH 2b. HOUR LTYPE OR PRINTI STROBLE Strøbel Patricia 5/15/80 6:00 Mullen 3. SEX 4 RACE S. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 8-17-39AY YEAR MONTHS DAYS HOURS female white 40 YRS TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED S NEVER MARRIED COUNTRY Baltimore, Md. U.S. A. Baltimore County WIDOWED MD icity or town of Death Lutherville Baltinore, Md. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) School Teacher Education 1839 Locust Ridge Road USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY Lutherville 13R STREET ADDRESS 134 INSIDE CITY LIMITS? Baltimore 1839 Locust Ridge Rd. NO TO Marvland YES [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FMIDDLE Thomas Carrolks Mulleh, Sr. Anita C MIDDLE ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT LYES NO OF UNKNOWNS I (IF YES, GIVE WAR OR DATES) Robert E. Stroble 1839 Locust Ridge Road No 218-36-0381 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY in anition IMMEDIATE CAUSE (a)_ 2 yrs 5 months DUE TO, OR AS A CONSEQUENCE OF chlangiocarcinoma liver with widely metastasi Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING, CAUSES OF DEATH? NOF YES NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOT IFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21¢ PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY | AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | STATE NOT WHILE WHILE AT WORK AT WORK rex 20 22a. | certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated saw the deceased alive an, abave, (I) (we) (ptd) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME CTYPI CHIPTING 228 ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore (SPECIFY) COUNTY 5-16-1980 reemound Maryland 24 FUNERAL DIRECTOR 1050 York Road 25s. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ruck Towson Funeral Home, Inc. Towson, Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIÇME

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Ι.	REGISTRAR			ERTIFIC	CATE OF DEATH	REG. NO).		
	CEASED NAME FIRST		WIDDLE	LAS			MONTH	DAY YEAR	2b. HOUR
	Theres	a.		STU	PFEL	May 24, 1	980		4:00 a M
3 SE	X	4 RACE	5	DATE OF	-	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female	Wh	ite	Oct	17,1900	79	YRS.	MONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	1		NEVER MARRIED	9 BALTIMORE CITY O			
10.0	Austria ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	IDOWED		Baltimore			MD. F BUSINESS OR
	Rossville /		infacility, Give street addition Squa	RESS)	bspital	TYPE OF WORK FOR MOST OF	WORKING L		7 003/4E33 OK
13a	STATE 131 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADA	[1	34 INSIDE CITY LIMITS?	13. STREET ADDRESS 4214	Powel	L Avenue	2 21296
14 F	ATHER'S NAME FIRST John Krau	widdle tsak	LAST	1	5 MOTHER'S MAIDEN NAME FIRST There	MIDDLE		LAS	ī
		MED FORCES?	166 SOCIAL SECURIT	YNO I	7 INFORMANT	ADDRE	55		
	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	214-74-529	19	Mr. John Stu	umplel -4214	Pour	ell Aver	1110-2120
	PART I. DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, O	line for (a), (b), and (c lardio-pulm R AS A CONSEQUENC lerebrovas c	onary E OF ular				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT O	ONDITIONS C	Diabetes Me ONTRIBUTING TO DEA ITION FOR WHICH OP	TH BUT N	OT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE	IVEN IN PART 16	NGS USED
F						YES NO	4	ES [NO [
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	OF INJURY M. MONTH DAY M.	YEAR 19	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IB.	PART I OR PART 2)	
MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM		211. LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
	22e.1 certify that (this hospi saw the deceased alive on abave, (we) (did)	Mare Oli	19 8	2	that in (bur) apinian (ta May 24 death occurred on the do	ite and ha		that (we) last causes stated
_	22b. SIGNATURE	Men	100	DE	GREE ATTENDING PHYSICIAN	MEDICAL STAR		22c DATE 5-2	SIGNED 24-80
	22d PHYSICIAN'S NAME (TYPE O		D.		9000 Frank	lin Square	Drive	21237	
230	BURIAL, CREMATION, REMOVAL (SPECIFY)		23c NAA		METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	4. (COUNTY	STATE

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DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or many the State Dept. of Health and Mental Hygiene prior to burial, cremation, or many the State Dept. of Health and Mental Hygiene prior to burial, cremation, or many the State Dept. of Health and Mental Hygiene prior to burial, cremation, or many the State Dept. of Health and Mental Hygiene Bright Hygie

24 FUNERAL DIRECTOR

Note C. Miller Inc-6415 Belair Rd. -21206

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DEPAI AL HYGIENE

	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1852			
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 25 HOUR				
(1	ADO LPH	W. SUBA	Cil	MAY 7	1980 N			
3.			DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS			
	m	w :	SUNE 23 1904	7 5	MONTHS DAYS HOURS MIN			
3/10	BIRTHPLACE ISTATE OR FOREIGN 76 COUNTRY)	1 0 0	MARRIED NEVER MARRIED	BALTO.				
0 10		NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION	126. KIND OF BUSINESS OR			
V	OUNDALK	1400 WENIL	5 AVE	(TYPE OF WORK FOR MOST OF WORK	INDUSTRY STEEL			
35	ISUAL RESIDENCE (IF NURSING HOME OR OTH 3a STATE 13b COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE AD 134 CITY OR TOWN TO DUNTALL	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 7400 WEI	NE AVE			
30	FATHER'S NAME FIRST A SIMIR WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UMKNOWN) (IF YES, GIVE WA	SUBACH D FORCES? 146 SOCIAL SECURIT		ME MODIE ADDRESS NALLS	BANSAVAGE 7462 WENIE AVE			
			e arrest	H.	APPROXIMATE INTERVAL BETWEEN QNSET AND DEATH			
2	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?			
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO PROPERTY NATURE OF INJURY IN ITE	YES NO MIS, PART 1 OR PART 2)			
7 3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY P.M.	19					
A POINT	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	N, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	22a.1 certify that (1) (this hospital) saw the deceased alive an above. (1) (we) (did) (did not) vi	1/18 19 5	and that in (my) (our) opinion o	death occurred on the date one	, that (I) (we) lost d hour and fram the couses stated			
	22b. SIGNATURE	000	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED			
7	THE PHYSICIAN'S NAME (SM ORPH)	PATTERSON, M	. D., P. A.					
230	BURIAL, CREMATION, REMOVAL (SPECIFY)	5/10/80 SA	ME OF CEMETERY OF CREMATORY	K, MD. OR 21 222	COUNTY STATE			
M /79	FUNERAL DIRECTOR NAME J. G. CONN	ELLY 300	MACE 25e. DATI	AY 1 5 1980				

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	OULD "PEN HEF M JSED A	0
F VIT	WORE CHE CHE CHE CHE CHE CHE CHE CHE CHE CH	-
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DIVIS	ARDED ARDED GE 3 GE 3 TE DEI	
	ER: TH ATE, V FORW, PR: PA HE STA HE STA	
	RECTO	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PIECESCUTE THE CERTIFICATE, WRITING THE WORD. "PENDING" IN TEM 18. GIVE PAGES 1, 2, AND 31O THE FUNERAL DIRECTOR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FULL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURBALTRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOUR AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 301 W, PRESTON STREET, BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	
	MEDIC CUTE 1 FUNE FUNE FUNE	1
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STATE OF MARYLAND DE

PARTMENT OF HEALTH AND MENTAL HYGIENE	1. 1	R	Lon	
CAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.	9	7	

	1-3	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO								1 8	8 5 3			
		EASED NAME OR PRINT)		rge	Jose	ph		Susini	.Jr	7	OF ESTI- DEATH MATED		LO 19	YEAR 26. HOUR
	3. SEX		1 RACE	S. DATE OF BI		6 AGE (IN YE	EARS IF UN	DER 1 YR.	IF UNDER		2c. DATE	MONTH	DAY	YEAR ANHOUR
d	ma	ale	white	MONTH	23 40	LAST BIRTHD	RS. MONT	HS DAYS	HOURS	MIN. F	PRONOUNCED DEAD	5	13 19	7
.00		RTHPLACE (F WHAT COUN		Te				9. BALTIMORE CIT	Y OR COUNTY		111
1		REIGN COUNTRY		U.S.			WIDOW	IED NE	VER MARRI DIVORCI		Ralt:	imore Co	nun t	V
7		W Jers			HOSPITAL, NUI	RSING HOM			TION	12a. USU	ALOCCUPATION			
9		oodlaw		8325	A Mind	ale Ci	ircle			Sale	Sman	S	un C	Dilirco.
5	13a ST		(IF IN NURSING HOME 13b. COUN Balt			OR TOWN	(NON)	13d. INSIDE C	TY LIMITS?	13e STRE 832.	et address 5 Mindale	Circle	Apt	t. A
2	14. FA	THER'S NAM	E	MIDDLE		1467		15. MOTHE	R'S MAIDE	N NAME	WIDDIE		LAC.	1
6		George	9	.T		Susini	. Sr.		1ga		MIDDLE	K	rapv	wskv
1	16a, W	60. WAS DECEASED EVER IN U.S. ARMED (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR				IAL SECURIT		17 INFORA	TAAN		ADDR	ESS		
	(16	No	(IF YES, GIVE	WAR OR DATES)	- 217-38-4744 Bernice Sibert 1500 Popham Drive									
	CERTIFICATION	gave r couse (c lying ca	ons, if ony, which ise to immediate o) stating the <u>under</u> use last.	(b) DUE TO	, OR AS A CON	ISEQUENCE	OF OF				m: Rifle	A 78		
1)	CAT	190. DATE O	FOPERATION	19b. CO	NDITION FOR	WHICH OPER	RATION W	AS PERFOR	MED?				20. AUT	TOPSY?
3	E				(ost-)								YES	S □XXNO □
		216. EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 216. TIME OF INJURY HOUR A.M. MONTH DAY 1980 self inflicted wound									A 18 PART 1 OR PART	2)		
	MEDICAL	216. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) AT WORK 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 8325 A MindaleCircle, Woodlawn, BaltoCo.										o.,MD STATE		
		220. I certify that I taak charge af the remains described abave, held on Autopsy XX Inspection , Inquiry , and in my opinion death resulted from: platural pauses , Accident , Suicide XX Homicide , Undetermined monner ,												
7											DATE SIGNED	5/	13/80	
2	-	EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD											21	201
	Bt	uria1	ATION, REMOVAL	23b. DATE 5/16/8		Mary		emeter	У	La	CATION DRIOWN Urel	$\mathbf{P}_{\bullet}^{count}$		Md •
		NAME AND AND	CTOR Funeral	Home 2	167 Wil	kens A	lve -				REGISTRAR 25b. R	EGINAR'S SIC	NATUR	Zanda .

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the state of the s The second of th and the state of t 314 A CONTRACTOR OF THE PROPERTY O THE STATE OF THE S and completely filled in by the funeral Pages 1 and 2 should be filed within 72 h

	FOR			DEPART		E OF MARYLAND IEALTH AND MENTAL HYG	HENE (1)	2 8	0 5	13
1.	REGISTRAR					ICATE OF DEATH	REG. NO] [D.	0 3	
I DE	CEASED NAME	FIRST	MIDDLE LAST				2a DATE OF DEATH		DAY YEAR	25. HOUR 2:30P
		Ale	xandra	SZOLOM	ICKI		May 13, 1980			
3 SEX MALE 70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY POLAND			4 RACE 5. DATE O			1 CAY YEAR	& AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
			WHITE		1 / 20 / 1922		58	YRS.		
			U.S.A.			NEVER MARRIED DIORCED	Baltimore County			M
	OSSVILLE	TH 1	(IF NOT IN SUC	HOSPITAL, NURSIN CH FACILITY, GIVE STREET IN SQUARE	ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUPATE ITYPE OF WORK FOR MOST OF LABORER		E) INDUSTRY	F BUSINESS OF
30 5	AL RESIDENCE (IF NURS STATE RYLAND	136 COUNT BALTI	TY	136 CITY OR TOW PERRY HA	M	134 INSIDE CITY LIMITS?	13R STREET ADDRESS 29 HAPSBUI	RG COL	JRT 2123	34
4 FA	ATHER'S NAME PAUL	MI				15. MOTHER'S MAIDEN NA				
16a. V	WAS DECEASED EVER YES NO OR UNKNOWN) NO		ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS PERRY HALI SING WAR OR DATES) 215 30 5424 MICHAEL SZOLOMICKI 29 HAPSBURG CT.							
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter anly AS CAUSED	y ane cause per BY.	Cardio-r	espira	atory arrest			BETWEEN	MATE INTERVAL ONSET AND DEATH
				orseconstary to brain stem herniation						
			DUE TO, O	"Secondar	y to	brain stem her	rniation			
	Canditians, if any, gave rise to imm cause (a), stating underlying cause	nediate	, , , , , _			brain stem he hemorrhage	rniation			
NO	gave rise to imm cause (a), stating underlying cause	nediate g the last.	DUE TO, O	"Intracra	nial i			DITION GIV	VEN IN PART 10	0)
TIFICATION	gave rise to imm cause (a), stating underlying cause	nediate g the last.	DUE TO, O	PASA CONSEQUI	DEATH BUT	hemorrhage		206. IF YES	ZEN IN PART 16	NGS USED
CAL CERTIFICATION	gave rise to imm cause 101, statin underlying cause PART 2 OTHER SIGN	HERLYING AUSE OF DEATH	DUE TO, O (c) DNDITIONS C 196 COND 216. TIME C HOUR A	IRAS A CONSEQUI INTRIBUTING TO	DEATH BUT	hemorrhage	200 AUTOPSY? YES NOX	20b. IF YES	S, WERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	gave rise to imm cause 101, stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFEITHER, NOTIFY MEDICA 21d. INJURY OCCURR	HEIGHT CO	DUE TO, O (c) DNDITIONS C 196 COND 216. TIME C H HOUR A P. 216. PLACE	IN A CONSEQUI INTRACTA ONTRIBUTING TO: OTTION FOR WHICH OF INJURY M. MONTH D.	DEATH BUT	hemorrhage NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NOX	20b. IF YES IN CERTIF YE	S, WERE FINDING CAUSES	NGS USED OF DEATH?
	gave rise to imm cause 101, stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER, NOTIFY MEDICA 21d INJURY OCCURR WHILE ATWORK NOT WHAT WORK NOT WAS ATWOOD 27a. certify that 1/2 5 aw the decease	HEILE AND CO	DUE TO, O (c) DNDITIONS C 196 COND 216 TIME C HOUR A P. 21e PLACE (AT HOME, ST	ONTRIBUTING TO. ONTRIBUTING TO. ONTRIBUTING TO. OF INJURY M. OF INJURY REET, FACTORY, OFFICE, I	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	hemorrhage NOT RELATED TO THE TERM IN WAS PERFORMED 214 HOW INJURY OCCUR	TO MAY	20b. IF YES IN CERTIF YE YE IN ITEM 18, P	S, WERE FINDING CAUSES S PART 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
	gave rise to imm cause 101, stating underlying cause PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CIETHER, NOTHER MEDICA 21d INJURY OCCURR WHILE ALWOOK NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK 220.1 Certify that May saw the decease above. May let 122 SIGNATURE	HIFICANT CO	DUE TO, O IC) DNDITIONS C 196 COND 216 TIME C HOUR A P. 21e PLACE (AT HOME, ST	ONTRIBUTING TO. ONTRIBUTING TO. ONTRIBUTING TO. OF INJURY M. OF INJURY REET, FACTORY, OFFICE, I	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.) MAY 80	NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET 19 80 At that in (Ma) (our) apinion DEGREE ATTENDING PHYSICIAN	TO MAY	206. IF YES IN CERT IF YE YE IN TEM 18. P	county 19 80, or and fram the	NGS USED OF DEATH? NO STATE that (C(we) lacouses stated
	gave rise to imm cause 101, statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER, NOTHY MEDICA 21d INJURY OCCURR WHILE AT WOOD AT WO THE AT WOOR AT WO THE AT WO THE AT WO THE AT WO THE AT WO THE AT WOOD SOW THE AT WOOD AT WO THE AT WOOD AT WO THE AT WOOD THE AT WOOD THE AT WOOD THE AT WOOD THE AT WOOD THE AT WOOD THE AT WORK AT WOOD THE AT WORK AT WOOD THE AT WOOD	HIFICANT CO	DUE TO, O IC) DNDITIONS C 196 COND 196 COND 216 TIME C HOUR A P. 21e PLACE (AT HOME, ST View the bady	ONTRIBUTING TO. ONTRIBUTING TO. ONTRIBUTING TO. OF INJURY M. OF INJURY REET, FACTORY, OFFICE, I	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.) MAY 80	NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET 19 80 Attending (May) (our) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOX RED (ENTER NATURE OF INJUR CITY OR TOW death occurred on the de	206. IF YES IN CERTIF YE YE IT ITEM 18. P	county 22c. DATE 5, WERE FIND IN FYING CAUSES COUNTY 1980, 07 and from the	NGS USED OF DEATH? NO STATE that JC(we) laccouses stated SIGNED

DHMH-16 25M (VRA 15, 4) 1/79

should be detected for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL — ATTENDING PHYSICIAN: The law requires that th retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the

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	X	U.S.A.	
TABORLE ESBEAY NEATS		FRANKLIN SJUARE HOS	7.0
29 HAYSBURG COURT 21214	XX.	ANTIHORE PERRY HALL	MARYLAND B
KOR (EXCENDED AND TERROR INC.	ALHAR	SALLAU	JUAS
ACCAL 29 HARSBURG CT. 10234	MICHAEL SIGN	275 30 5424	- 07